J. L. FAIRBANKS & CO.
Stationers
43 FRANKLIN STREET
—BOSTON—

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwea

STANDARD CERT

1 PLACE OF DEATH Westbrook (No. 47, ward) (City or town.) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

1916-7-18

2 FULL NAME Augustus
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 47 Prospe

gistered No.

PERSONAL AND STATISTICAL PARTICULARS

OF DEATH

3 SEX Male | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widower

6 DATE OF BIRTH Dec 14 — 1843 (Month) (Day) (Year)

7 AGE 72 yrs. 1 mos. 4 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Cambridge

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (State or country) "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Emma L Bryden
(Address) 47 Prospect ave Westbrook Conn

15 Filed ..... 191..... REGISTRAR

January 1, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec 26, 1915, to January 1, 1916, that I last saw him alive on January 1, 1916, and that death occurred, on the date stated above, at 2.30 A.m.

The CAUSE OF DEATH* was as follows:
Acute myocarditis
(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (SECONDARY) Chronic myocarditis, Arteriosclerosis (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Raymond B Baker M.D.
Jan 2, 1915 (Address) Westbrook Conn

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Westbrook Cemetery | DATE OF BURIAL Jan 3, 1916

20 UNDERTAKER C. P. B. | ADDRESS

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 82, Winthrop St.; Ward)

2 FULL NAME Eleanor Ward

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 82 Winthrop St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Aug 29, 1911 (Month) (Day) (Year)

7 AGE: 4 yrs. 4 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Boston

PARENTS

10 NAME OF FATHER: Walter F. Ward

11 BIRTHPLACE OF FATHER (State or country): Boston

12 MAIDEN NAME OF MOTHER: Frances W. H. Ingalls

13 BIRTHPLACE OF MOTHER (State or country): Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter F. Ward

(Address) 82 Winthrop St.

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 3d, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec 31, 1915, to Jan 3d, 1916, that I last saw her alive on Jan 2nd, 1916, and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) ....yrs. ....mos. 4 ds.

Contributory (SECONDARY) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) B. Paul Cuff, M.D.

Jan 3d, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedar Grove

DATE OF BURIAL: Jan 4, 1916

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH STANDARD INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 40 ; Washington St. ; Ward)

2 FULL NAME William Geo. Cook

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 40 Washington ave Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

6 DATE OF BIRTH: April 15 1865 (Month) (Day) (Year)

7 AGE: 51 yrs. 10 mos. 18 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer): White Duck Mfg Co

9 BIRTHPLACE (State or country): Spencer Ohio

PARENTS

10 NAME OF FATHER: George

11 BIRTHPLACE OF FATHER (State or country): Sunbury Pa

12 MAIDEN NAME OF MOTHER: Mary Tobin

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Bennison

(Address) Winthrop Mass

15 Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 3, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan 2, 1916, to Jan 3, 1916, that I last saw him alive on Jan 2, 1916, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Bronchitis - chronic interstitial myocarditis

2 (Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Chronic arterio-sclerosis - interstitial nephritis (Duration) e yrs. ..... mos. ..... ds.

(Signed) E. A. Dewing, M.D.

Jan 6, 1916 (Address) 2 Huntington ave

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Johns Delphos Ohio

DATE OF BURIAL: Jan 8, 1916

20 UNDERTAKER: C. R. Bennison

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF BOSTON.

FULL NAME ALEXANDER M- GREEN

Registered No. 132

Place of Death and Residence: Boston B.C.H.RELIEF HOSPT.

Date of Death JAN.4 1916. Age 58 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	MAR.

Maiden Name

Husband's Name

Birthplace BOSTON(EAST)

Name of Father WILLIAM GREEN

Birthplace of Father SCOTLAND

Maiden Name of Mother JOHANNAH LARKIN

Birthplace of Mother IRELAND

Occupation TRAFFIC MGR.(CUNARD LINE)JAN.5 1916

Informant

Place of Burial or removal MALDEN(HOLY CROSS)

Undertaker R.C.KIRBY

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) CERE.HEMORRHAGE - 2 1-2 HRS

Contributory (Duration) ARTERIO-SCLEROSIS

(Signed) S.FRASER M.D.

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT. 2 HOURS

Usual Residence WINTHROP(117 HIGHLAND AVE)

Filed JAN.10 1916.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

Jan. 4, 1916

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 17 Fen[illegible] St.; Ward)

2 FULL NAME John [illegible]
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE [illegible]

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): W

6 DATE OF BIRTH: [illegible] (Month) (Day) 1[illegible] (Year)

7 AGE: [illegible] yrs. [illegible] mos. 14 ds.
If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): [illegible]

PARENTS
10 NAME OF FATHER: [illegible]
11 BIRTHPLACE OF FATHER (State or country): [illegible]
12 MAIDEN NAME OF MOTHER: [illegible]
13 BIRTHPLACE OF MOTHER (State or country): [illegible]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) [illegible]
(Address) 17 [illegible]

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 5 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec 31, 1915, to Jan 5, 1916, that I last saw him alive on Jan 5, 1916, and that death occurred, on the date stated above, at 8.15 a.m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

Did a surgical operation precede death? Date

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible], M.D.
Jan 6, 1916 (Address) [illegible]

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn
DATE OF BURIAL: [illegible] 7, 1916

20 UNDERTAKER: John J. O'Malley
ADDRESS: [illegible]

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 93, Grovers Ave. St., Ward)

2 FULL NAME Mary E. Webber

[If married or divorced woman or widow give maiden name, also name of husband.] McIntire - Joseph Webber

a RESIDENCE 93 Grovers Ave. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: 12 (Month) 24 (Day), 1831 (Year)

7 AGE: 81 yrs. — mos. 14 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Bath, Maine

PARENTS

10 NAME OF FATHER: Joseph McIntire

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (State or country): "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Chas. E. Browne

(Address) 93 Grovers Ave. Winthrop

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 1 (Month) 7 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan. 4th, 1916, to Jan. 7, 1916, that I last saw her alive on Jan. 7, 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Bronchitis following La Grippe

(Duration) ... yrs. ... mos. 3 ds.

Contributory (Secondary) Arteria-sclerosis

Indef. (Duration) ... yrs. ... mos. ... ds.

(Signed) W. J. Pres, M.D.

Jan. 8, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Bath Maine

DATE OF BURIAL: 1-10-, 1916

20 UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 143 Court Road St.; Ward)

2 FULL NAME Thomas Kershaw Hughes

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 143 Court Road Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

6 DATE OF BIRTH May 30 1856 (Month) (Day) (Year)

7 AGE 59 yrs. 8 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Advertising Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Calendar

9 BIRTHPLACE (State or country) England

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Brennan Winthrop

(Address) 149 Winthrop St.

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. (Month) 8 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from 1914, 191..., to Jan 8th, 1916, that I last saw him alive on Jan 8th, 1916, and that death occurred, on the date stated above, at 8.15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis (mitral valve)

Chronic Myocarditis.

Diabetes

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. Pulcoff, M.D.

Jan 10, 1916 (Address) Winthrop

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 1/11, 1916

20 UNDERTAKER C. R. Brennan

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 14, Bates Ave St.; Ward)

2 FULL NAME Thomas Haggerston
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 14 Bates ave Winthrop Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Feb 7 1833 (Month) (Day) (Year)

7 AGE 82 yrs. 11 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Charlestown Mass

PARENTS

10 NAME OF FATHER David

11 BIRTHPLACE OF FATHER (State or country) England

12 MAIDEN NAME OF MOTHER Mary Farwell

13 BIRTHPLACE OF MOTHER (State or country) Fitchburg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. R. Benson
(Address) Winthrop Mass

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 13 (Month) (Day) 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec 8, 1915, to Jany 13, 1916, that I last saw him alive on Jany 12, 1916, and that death occurred, on the date stated above, at 3.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease
Several (Duration) yrs. mos. ds.

Contributory (SECONDARY) Arteriosclerosis
Several (Duration) yrs. mos. ds.

(Signed) Orville E. Johnson M.D.
Jany 15, 1916 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Winthrop Mass

DATE OF BURIAL 1/15, 1916

20 UNDERTAKER C. R. Benson

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 455 Pleasant St.; Ward)

2 FULL NAME Frederick T. Alden
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 455 Pleasant St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dec 17 1855 (Month) (Day) (Year)

7 AGE: 60 yrs. X mos. 28 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Boston Belting Co

9 BIRTHPLACE (State or country): Somerville Mass

PARENTS

10 NAME OF FATHER: Joseph B.

11 BIRTHPLACE OF FATHER (State or country): New Bedford

12 MAIDEN NAME OF MOTHER: Caroline M. Hurber

13 BIRTHPLACE OF MOTHER (State or country): Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. R. Benson
(Address) Winthrop

15 Filed _____, 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. 14, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from July 15th, 1915, to Jan. 14, 1916, that I last saw him alive on Jan. 14, 1916, and that death occurred, on the date stated above, at 6-30 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY) Pulmonary Tuberculosis

Indef. (Duration) yrs. mos. ds.

(Signed) W. L. Porter, M.D.

Jan 17, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF ~~BURIAL~~ OR REMOVAL: Winthrop Town

DATE OF ~~BURIAL~~ Removal 1/16, 1916

20 UNDERTAKER: C. R. Benson

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 28 Trident Ave St.; Ward)

2 FULL NAME Plakias

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 28 Trident ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Boy

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Dec 21 / 1915 (Month) (Day) (Year)

7 AGE: ....yrs. ....mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Winthrop

PARENTS

10 NAME OF FATHER: Thomas Plakias

11 BIRTHPLACE OF FATHER (State or country): Greece

12 MAIDEN NAME OF MOTHER: Georgia Papas

13 BIRTHPLACE OF MOTHER (State or country): Greece

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Plakias

(Address) 28 Trident ave Winthrop

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. (Month) 16 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec. 22, 1915, to Jan. 16, 1916, that I last saw him alive on Jan. 16, 1916, and that death occurred, on the date stated above, at 4:00 P.m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic disease of new born

Did a surgical operation precede death? Date

(Duration) ....yrs. ....mos. 16 ds.

Contributory (SECONDARY)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Milton L. Jackson, M.D.

Jan. 16, 1916 (Address) 362 Commonwealth Ave. Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Hope Boston

DATE OF BURIAL: 1/19, 1916

20 UNDERTAKER: F. S. Waterman & Sons

ADDRESS: Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

7017

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH
Winthrop (No. 63, Winthrop St., Ward)

[2] FULL NAME Susan J. Flanders
[If married or divorced woman or widow give maiden name, also name of husband.] widow of Chas. R. Flanders

[a] RESIDENCE 63 Winthrop St Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widow

[6] DATE OF BIRTH: Feb 9 1837 (Month) (Day) (Year)

[7] AGE: 78 yrs. 10 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Groton Mass

PARENTS

[10] NAME OF FATHER: Levi Tufts

[11] BIRTHPLACE OF FATHER (State or country): Groton Mass

[12] MAIDEN NAME OF MOTHER: Betsy Fletcher

[13] BIRTHPLACE OF MOTHER (State or country): Westford Mass

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): C R Bennett
(Address): Winthrop Mass

[15] Filed ....., 191.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Jan 16, 1916 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:
Natural Causes:
Arterio-Sclerosis including presumable Coronary Sclerosis
(Sudden death) (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) George Burgess Magoun, M.D.
Jan 16, 1916. (Address) Winthrop
MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL ~~OR REMOVAL~~: Wellfleet Mass
DATE OF BURIAL: 1/19, 1916

[20] UNDERTAKER: C R Bennett
ADDRESS: Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 20 Ocean ave St.; Ward)

2 FULL NAME Evelyn Smith Taber
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 20 Ocean ave Winthrop Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH April 19 (Month) (Day), 1 (Year)

7 AGE 45 yrs. mos. ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Carriage & Automobile

9 BIRTHPLACE (State or country) Upham N. B.

PARENTS

10 NAME OF FATHER Talus Short Taber

11 BIRTHPLACE OF FATHER (State or country) Upham N. B.

12 MAIDEN NAME OF MOTHER Rachel Macey

13 BIRTHPLACE OF MOTHER (State or country) St Johns N. B.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E R Bennett
(Address) Winthrop

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. (Month) 19 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan. 16, 1916, to Jan. 19, 1916, that I last saw him alive on Jan. 19, 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(Duration) yrs. mos. 3 ds.

Contributory (SECONDARY) Heart Disease (Valvular)
Duration) yrs. mos. ds.

(Signed) F. J. Powers, M.D.
Jan. 21, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Winthrop Cemetery
DATE OF BURIAL 1/21, 1916

20 UNDERTAKER E R Bennett
ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 217, Cliff Ave. St.; Ward)

2 FULL NAME Caroline L. H. Snow
[If married or divorced woman or widow give maiden name, also name of husband.] Grimes: Edwin E. Snow

a RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH: March (Month) 21 (Day), 1844 (Year)

7 AGE: 71 yrs. 10 mos. 29 ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Boston Mass

PARENTS

10 NAME OF FATHER: Francis S. Grimes

11 BIRTHPLACE OF FATHER (State or country): Boston

12 MAIDEN NAME OF MOTHER: Elizabeth Pickering

13 BIRTHPLACE OF MOTHER (State or country): Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis S. Snow
(Address) 217 Cliff Ave. Winthrop

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 24 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan 7, 1916, to Jan 24, 1916, that I last saw h. alive on Jan 19, 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(Duration) yrs. mos. ds.

Contributory (SECONDARY) Edema of lungs
(Duration) yrs. mos. ds.

(Signed) Harry A. Ellis, M.D.
Jan 20, 1916 (Address) 200 Pleasant St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Oak Grove Cem. Medford Mass
DATE OF BURIAL: Jan. 22, 1916

20 UNDERTAKER: Henry F. Cate
ADDRESS: West Newton Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

Board of Health, City of Newton. The within return countersigned and approved this ..... day of ..... 191 ..... Agent.

culosis of lungs, [illegible] *coma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

461

[1] PLACE OF DEATH Winthrop (No. 134 Bartlett Rd. St., Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Walter S. Audiston Jr.

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word):

[6] DATE OF BIRTH 1 (Month) 25 (Day), 1916 (Year)

[7] AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Winthrop.

PARENTS

[10] NAME OF FATHER Walter S. Audiston Jr.

[11] BIRTHPLACE OF FATHER (State or country) Charlestown Mass.

[12] MAIDEN NAME OF MOTHER Maude Hunt

[13] BIRTHPLACE OF MOTHER (State or country) N. S.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter S. Audiston

(Address) 134 Bartlett Road.

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH 1 (Month) 25 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from ....., 191...., to ....., 191....., that I last saw h..... alive on ....., 191....., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Stillborn (apparently dead several hours before birth)

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin W. Smith, M.D.

Jan. 26, 1916. (Address) 18 Bay State Road

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cemt. DATE OF BURIAL 2-26, 1916

[20] UNDERTAKER H. C. Skaggs ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 36 Charles St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Catherine Griffin

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 36 Charles St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Female

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

[6] DATE OF BIRTH Oct 28, 1914 (Month) (Day) (Year)

[7] AGE 1 yrs. 1 mos. 28 ds. If LESS than 1 day hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Winthrop

PARENTS

[10] NAME OF FATHER Owen Griffin

[11] BIRTHPLACE OF FATHER (State or country) Ireland

[12] MAIDEN NAME OF MOTHER Mary Owen

[13] BIRTHPLACE OF MOTHER (State or country) Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Owen Griffin

(Address) 36 Charles St

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Jan 25, 1916 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Jan. 18, 1916, to Jan. 25, 1916, that I last saw her alive on Jan. 25, 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Whooping Cough - Pneumonia (lobar)

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary) Measles.

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Edward J. Vaughn, M.D.

Jan. 25, 1916 (Address) 49 Bartlett St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Holy Cross, Malden

DATE OF BURIAL Jan. 26 1916

[20] UNDERTAKER J. F. Moore

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

coma, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

7566

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 100, Fremont St., Ward)

2 FULL NAME Ellen J. DeNeill
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 100 Fremont St. —

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: Jan. 6, 1832 (Month) (Day) (Year)

7 AGE: Est. 83 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Edmund Roche

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Day

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs William Gilchrist
(Address) Winthrop

15 Filed, 191
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. 28, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:
Natural Causes;
Presumably heart disease
(Coronary Sclerosis)
[Sudden death.] (Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Jerry Burgess Magrath, M.D.
Jan. 29, 1916 (Address) 12:30 am

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St. Marys Revere
DATE OF BURIAL: Jan. 31, 1916

20 UNDERTAKER: R. J. DeNeill
ADDRESS: Revere

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tubercuosis of lungs, meningeo, peri*..... *coma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 30 Fremont St.; Ward)

2 FULL NAME Baby Lavoix

[If married or divorced woman or widow—give maiden name, also name of husband.]

4 RESIDENCE 30 Fremont St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Jan. 28, 1916 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 4 hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Winthrop

PARENTS

10 NAME OF FATHER: Edward Lavoix

11 BIRTHPLACE OF FATHER (State or country): Winthrop

12 MAIDEN NAME OF MOTHER: Rose Lucier

13 BIRTHPLACE OF MOTHER (State or country): Lowell

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Lavoix

(Address) 30 Fremont

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 28, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan 28, 1916, to Jan 28, 191..., that I last saw her alive on Jan 28, 1916, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth

(failure of foramen ovale to close)

(Duration) ..... yrs. ..... mos. 6 hours

Contributory (SECONDARY) Inanition

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Horace J. Soule, M.D.

Jan 28, 1916 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: St Michaels Roy. DATE OF BURIAL: Jan 29, 1916

20 UNDERTAKER: John F. O'Malley ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, apoplexy, coma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF **BOSTON.**

FULL NAME CYNTHIA MAGEE

Registered No. 1388

Place of Death and Residence: Boston MASS.CHAR.E.& E.INF.

Date of Death JAN.31 1916. Age 65 years 5 months 14 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	MAR.

Maiden Name: WHITNEY

Husband's Name: WINTHROP MAGEE

Birthplace: WESTMINSTER

Name of Father: HORACE WHITNEY

Birthplace of Father: WESTMINSTER

Maiden Name of Mother: MARY SAWIN

Birthplace of Mother: WESTMINSTER

Occupation: AT HOME

Informant:

Place of Burial or removal: WINTHROP(WINTHROP CEM)

Undertaker: W.C.SKAGGS WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): DOUBLE AC.SUPP.MASTOIDITIS 6 WEEKS(OPR.JAN.3 & 28.1916)

Contributory (Duration): LOBAR PNEUMONIA - 2 DAYS

(Signed) C.E.WELLS M.D.

JAN.31 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence: WINTHROP

Filed FEB.4 1916.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

Cynthia [illegible]

Jan. 31, 1916

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass No. 131 Highland Ave St.; Ward)

2 FULL NAME Joseph F. Rogers Jr.
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 131 Highland Ave Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): S

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE ..... yrs. 4 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Winthrop

PARENTS

10 NAME OF FATHER Joseph F.

11 BIRTHPLACE OF FATHER (State or country) Boston

12 MAIDEN NAME OF MOTHER Mary C. Boylan

13 BIRTHPLACE OF MOTHER (State or country) Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. L. Burke
(Address) 75 Chambers St

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 2nd, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb 2nd, 1916, to Feb 2nd, 1916, that I last saw him alive on Feb 2nd, 1916, and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:
Hypertrophy of Thymus Gland.
..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) B. J. Pulcally, M.D.
Feb 3d, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Calvary

DATE OF BURIAL: Feb 3, 1916

20 UNDERTAKER: J. L. Burke

ADDRESS: 75 Chambers St ~~Boston~~

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[12-'15-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

~~BOSTON~~ (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH: Winthrop (No. 52 Wave Way Ave., St.; Ward)

2 FULL NAME: Alice J. Briggs.

[If married or divorced woman or widow give maiden name, also name of husband.] Alice J. Greyson wife, of Tyler L. Briggs.

a RESIDENCE: 52 Wave Way Ave. Winthrop.

Registered No.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married.

6 DATE OF BIRTH: Sept 15 1866 (Month) (Day) (Year)

7 AGE: 49 yrs. 4 mos. 20 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Port Richmond N.Y.

PARENTS

10 NAME OF FATHER: Joseph Greyson

11 BIRTHPLACE OF FATHER (State or country): England.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Tyler L. Briggs.

(Address): 52 Wave Way Ave.

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 4 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb. 2d, 1916, to Feb. 5, 1916, that I last saw him alive on Feb. 4th, 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Did a surgical operation precede death? no. Date

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) W. J. Porter, M.D.

Feb. 5, 191 (Address) Winthrop Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mass. Crematory.

DATE OF BURIAL: Feb. 6, 1916

20 UNDERTAKER: J. S. Waterman & Sons.

ADDRESS: Boston.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

No. 450.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 44 Trident ave. ~~St~~; Ward)

2 FULL NAME Margaret A. Nelson

[If married or divorced woman or widow give maiden name, also name of husband.] Margaret Rigg (Frances J. Nelson

a RESIDENCE 1 Short St. East Boston Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

6 DATE OF BIRTH May (Month) 19 (Day), 1842 (Year)

7 AGE 73 yrs. 8 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

9 BIRTHPLACE (State or country) Preston. Eng.

PARENTS

10 NAME OF FATHER John Rigg

11 BIRTHPLACE OF FATHER (State or country) Preston Eng.

12 MAIDEN NAME OF MOTHER Annie Miller

13 BIRTHPLACE OF MOTHER (State or country) Preston, Eng.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. A. Nelson

(Address) 44 Trident Ave.

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February (Month) 4 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from August 1, 1916, to Feb 4, 1916, that I last saw her alive on Feb 4, 1916, and that death occurred, on the date stated above, at 5 A.m.

The CAUSE OF DEATH* was as follows:

Mitral ~~[illegible]~~ of heart

Did a surgical operation precede death? no Date

(Duration) 6 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry L. Shumway, M.D.

Feb 4, 1916 (Address) 728 Saratoga St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Holy Cross

DATE OF BURIAL Feb 7, 1916

20 UNDERTAKER Geo. H. Hines

ADDRESS 699 Saratoga St. E. Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 321 Pleasant St. Ward)

2 FULL NAME Gladys M. Heckman

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 321 Pleasant St. Winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: 8 (Month) 23 (Day) 1903 (Year)

7 AGE: 12 yrs. 5 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Dayton Ohio

PARENTS

10 NAME OF FATHER: Walter Heckman

11 BIRTHPLACE OF FATHER (State or country): Dayton Ohio

12 MAIDEN NAME OF MOTHER: Clara Gruseau

13 BIRTHPLACE OF MOTHER (State or country): Dayton

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Heckman

(Address) 321 Pleasant St

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 7 (Month) 5 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from July, 1915, to July 18, 1916, that I last saw h—e alive on July 3, 1916, and that death occurred, on the date stated above, at 7-45 a m.

The CAUSE OF DEATH* was as follows:

Ulcerative Endocarditis

(Duration) X yrs. 7 mos. X ds.

Contributory (SECONDARY) X (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Orville E. Johnson, M.D.

July 5, 1916 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Dayton Ohio

DATE OF BURIAL: 7-8, 1916

20 UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

Feb. 4, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 49 Atlantic St. St.; Ward)

2 FULL NAME Geo

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE 49 Atlantic St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

6 DATE OF BIRTH: Feb 5, 1916 (Month) (Day) (Year)

7 AGE ....yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Winthrop Mass

PARENTS

10 NAME OF FATHER: Charles F. Geo

11 BIRTHPLACE OF FATHER (State or country): Brooklyn N.Y.

12 MAIDEN NAME OF MOTHER: Mary Sullivan

13 BIRTHPLACE OF MOTHER (State or country): East Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Geo

(Address) 49 Atlantic St

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. 5, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from ....., 191...., to ....., 191....,

that I last saw h.... alive on ....., 191....,

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Stillborn

....(Duration) ....yrs. ....mos. ....ds.

Contributory (SECONDARY) ....(Duration) ....yrs. ....mos. ....ds.

(Signed) Charles Mahoney, M.D.

Feb. 5, 1916 (Address) 285 Winthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Mary's Cem

DATE OF BURIAL: Feb 8, 1916

20 UNDERTAKER: John J. O'Neil

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchester (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winchester (No. 130 Cerrent Rd St.; Ward)

2 FULL NAME Baby Bauer

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 130 Cerrent Rd

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): ~~—~~

6 DATE OF BIRTH: Feb 3 1916 (Month) (Day) (Year)

7 AGE: ~~4~~ yrs. mos. 4 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Winchester Mass

PARENTS

10 NAME OF FATHER: Theodore E. Bauer

11 BIRTHPLACE OF FATHER (State or country): Boston

12 MAIDEN NAME OF MOTHER: Ruth Tyler

13 BIRTHPLACE OF MOTHER (State or country): Somerville

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C R Bennum

(Address) Woodlawn

15 Filed ..... 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 6, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb 3, 1916, to Feb 6, 1916, that I last saw h— alive on Feb 6, 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Inanition

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Henry W Kelly, M.D.

Feb 7, 1916 (Address) 200 Pleasant

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Lowell

DATE OF BURIAL: 2/17, 1916

20 UNDERTAKER: C R Bennum

ADDRESS: Winchester

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 186 Bartlett Road St. ..... Ward)

2 FULL NAME Isabella J. Letson

[If married or divorced woman or widow give maiden name, also name of husband.] Francis J. Letson — Kerr

a RESIDENCE Chatham, N.B.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: 3 (Month) 13 (Day), 1839 (Year)

7 AGE: 77 yrs. 10 mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Chatham N.B.

PARENTS

10 NAME OF FATHER: George Kerr

11 BIRTHPLACE OF FATHER (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Abrams Workington

13 BIRTHPLACE OF MOTHER (State or country): Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. F. Letson

(Address) 186 Bartlett Road

15 Filed ....., 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 9 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Aug, 1915, to Feb 9, 1916, that I last saw h. alive on Feb 9, 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

General asthenia
Debilitation / Heart
mitral regurgitation

(Duration) ..... yrs. 6 mos. ..... ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. J. Dutcaly, M.D.

Feb 10, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Chatham N.B.

DATE OF BURIAL: 2-13-1916

20 UNDERTAKER: W. C. Skuggs

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

No 454 permit.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 117, Highland Ave St.; Ward)

2 FULL NAME Edwin D. Green.
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 117 Highland Ave Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: (Month) (Day) 1 (Year)

7 AGE: 25 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Chelsea

PARENTS

10 NAME OF FATHER: Alexander

11 BIRTHPLACE OF FATHER (State or country): East Boston

12 MAIDEN NAME OF MOTHER: Annie Roach

13 BIRTHPLACE OF MOTHER (State or country): East Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mother
(Address): 117 Highland Ave Winthrop

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 9 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan. 15, 1916, to Feb. 9, 1916, that I last saw him alive on Feb. 8th, 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Septic Endocarditis

Did a surgical operation precede death? Date

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY): Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

(Signed) W. C. Porter, M.D.
Feb 9, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Cross Malden

DATE OF BURIAL: Feb 11, 1916

20 UNDERTAKER: N. C. Kirby

ADDRESS: E Boston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*. *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of .....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 37 Emerson Rd St.; Ward)

2 FULL NAME Jane. Macmillan Thornton

[If married or divorced woman or widow give maiden name, also name of husband.] widow of Mark. Thornton

a RESIDENCE 37 Emerson Road Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Unknown (Month) (Day) 1 (Year)

7 AGE: 65 yrs. about mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Prince Edwards Island

PARENTS

10 NAME OF FATHER: John Ross

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Flora Macmillan

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. R. Bennison
(Address) Winthrop

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 10 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan 23, 1916, to Feb 10, 1916, that I last saw her alive on Feb 10, 1916, and that death occurred, on the date stated above, at 12 30 p.m.

The CAUSE OF DEATH* was as follows:
Pernicious Anaemia
(Duration) yrs. 6 mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) B. L. Bartlett, M.D.
Sept 12, 1916. (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery Everett Mass. DATE OF BURIAL: 2/13, 1916

20 UNDERTAKER: C R Bennison ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

459

BOSTON (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH 40 (No. Hawthorne Ave (Ward)

[2] FULL NAME Simon Reinstein

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 40 Hawthorne Ave Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Male

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widower

[6] DATE OF BIRTH ~~[illegible]~~ (Month) (Day) 1833 (Year)

[7] AGE 83 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work X

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Germany

PARENTS

[10] NAME OF FATHER Henry Reinstein

[11] BIRTHPLACE OF FATHER (State or country) Germany

[12] MAIDEN NAME OF MOTHER Sarah Wolf

[13] BIRTHPLACE OF MOTHER (State or country) Germany

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mark S. Reinstein

(Address) 50 Walnut Park Bo

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH February 18 (Month) (Day), 1916 (Year)

I HEREBY CERTIFY that I attended deceased from Feb 18 –, 1916, to Feb. 18 –, 1916, that I last saw h~~im~~ alive on Feb. 18 –, 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis – Uremia

Did a surgical operation precede death? Date

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Old age – Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mitchell Gibson, M.D.

Feb. 19 –, 1916 (Address) 26 Princeton St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Chabai Shalom or Est Boston Cem

DATE OF BURIAL Feb 20, 1916 2 230

[20] UNDERTAKER Mayer Salomon 243

ADDRESS Columbia Rd

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH: WINTHROP MASS. (No. 34 SIREN ST. St.; Ward)

2 FULL NAME: LAWRENCE A. BRIER.

[If married or divorced woman or widow give maiden name, also name of husband.] BREAST FED.

a RESIDENCE: 34 SIREN ST. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE.

4 COLOR OR RACE: WHITE.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): SINGLE.

6 DATE OF BIRTH: (Month) (Day), 1 (Year)

7 AGE: yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): WINTHROP.

PARENTS

10 NAME OF FATHER: LEWIS BRIER.

11 BIRTHPLACE OF FATHER (State or country): EAST BOSTON.

12 MAIDEN NAME OF MOTHER: MARY COSTIGAN.

13 BIRTHPLACE OF MOTHER (State or country): HARBOR MAN N.S.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) FATHER.
(Address) 34 SIREN ST.

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February (Month) 20 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb. 14th, 1916, to Feb. 20, 1916, that I last saw him alive on Feb. 20, 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Did a surgical operation precede death Date

(Duration) yrs. mos. 3 ds.

Contributory (SECONDARY) Grippe

(Duration) yrs. mos. 6 ds.

(Signed) Wm. F. Porter, M.D.

Feb. 20, 191 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: MALDEN, HOLY CROSS.

DATE OF BURIAL: FEB. 22, 1916 191

20 UNDERTAKER: [illegible]

ADDRESS: 17 BENNINGTON ST.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

116-2.

Feb. 28, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 57, Beacon St., Ward)

2 FULL NAME James H. Flavor

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 57 Beacon St. Winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: 7 (Month) 10 (Day), 1856 (Year)

7 AGE: 59 yrs. 7 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Billiards
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Cambridge Mass

PARENTS

10 NAME OF FATHER: Joseph Flavor

11 BIRTHPLACE OF FATHER (State or country): Hill N.H.

12 MAIDEN NAME OF MOTHER: Elizabeth Small

13 BIRTHPLACE OF MOTHER (State or country): Newburyport Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dwight H Beane
(Address) 57 Beacon St.

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 2 (Month) 26 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb. 22d, 1916, to Feb. 26, 1916, that I last saw him alive on Feb. 26, 1916, and that death occurred, on the date stated above, at 10 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

Contributory (Secondary) Valvular Heart Disease

Lasting (Duration) yrs. mos. ds.

(Signed) W. J. Porter, M.D.

Feb. 27, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cambridge Cem

DATE OF BURIAL: 2-29-, 1916

20 UNDERTAKER: W.C. Skaggs

ADDRESS: Winthrop

Feb. 26 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass (No. 26 Marshall St. St.; Ward)

2 FULL NAME Ellen Josephine Foss Melcalf
[If married or divorced woman or widow give maiden name, also name of husband.] widow of Charles Carroll Melcalf

a RESIDENCE 26 Marshall St Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widow

6 DATE OF BIRTH Feb 21 1835
(Month) (Day) (Year)

7 AGE 80 yrs. X mos. 7 ds.
If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) —

9 BIRTHPLACE (State or country) Williamsburg Me

PARENTS

10 NAME OF FATHER Darius W. Foss

11 BIRTHPLACE OF FATHER (State or country) Barrington N. H.

12 MAIDEN NAME OF MOTHER Harriett M. Clifford

13 BIRTHPLACE OF MOTHER (State or country) Atkinson Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Grace E. Melcalf
(Address) 26 Marshall St

15 Filed ....., 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 27, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb 25, 1916, to Feb 27, 1916, that I last saw her alive on Feb 27, 1916, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:
Bronchio pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ben I Purdy, M.D.
Feb 29 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Mt Auburn Cambridge Mass
DATE OF BURIAL 3/1, 1916

20 UNDERTAKER C R Bunnell
ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Rutland
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Rutland State Sanatorium, buildings on the Sanatorium reservation (No.) St.: Ward)

2 FULL NAME Mary E. McCarthy alias Mary E. Rodger as many
[If married or divorced woman or widow give maiden name, also name of husband.] Mary E. Murray believed to be wife of Thomas McCarthy at one time of Charlestown Mass

a RESIDENCE Winthrop Mass.

Registered No. 11

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: October 23, 1879 (Month) (Day) (Year)

7 AGE: 36 yrs. 4 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9 BIRTHPLACE (State or country): Boston

PARENTS

10 NAME OF FATHER: John Murray ~~Unknown~~

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Ellen — Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elliott Washburn M.D. Supt
(Address) Rutland State Sanatorium Rutland Mass

15 Filed March 6, 1916 Louis M. Hoff REGISTRAR
from Hospital Records

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 3, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from March 5, 1915, to March 3, 1916, that I last saw her alive on Mar 3, 1916, and that death occurred, on the date stated above, at 6.50 a.m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
of least two years
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elliott Washburn Supt, M.D.
Mar. 3, 1916 (Address) Rutland State Sanatorium Rutland Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death — yrs. 11 mos. 28 ds. In the State lifetime yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Unknown to us
Former or usual residence Winthrop formerly of Charlestown Mass

19 PLACE OF BURIAL OR REMOVAL: Holden
DATE OF BURIAL: — , 191..

20 UNDERTAKER: F. H. Mutes
ADDRESS: Holden

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF **BOSTON.**

FULL NAME CHARLES E. NOTT

Registered No. 2743

Place of Death and Residence: Boston PETER BENT BRIGHAM HOSPT.

Date of Death MAR.5 1916. Age 24 years 7 months 28 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	MAR.

Maiden Name

Husband's Name

Birthplace COHASSET

Name of Father CHARLES E. NOTT

Birthplace of Father COHASSET

Maiden Name of Mother MARY SMALL

Birthplace of Mother COHASSET

Occupation SALESMAN(MACHINIST)

Informant

Place of Burial or removal COHASSET(CENTRAL CEM)

Undertaker W.F.SNOW COHASSET

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): FRAC.SPINE(6TH CERVICAL VERT) ASSOCIATED COMPRESSION & SOFTENING SPINAL CORD -SUBSEQUENT OEDEMA LUNGS & EXHAUSTION - MACHINERY ACCIDENT

Contributory (Duration):

(Signed) G. B. MAGRATH MED.EX. M.D.

MAR.6 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(25 SOMERSET AV)

Filed MAR.11 1916.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA 1630 BOSTON, MASS.

all is vanity

[12-'15-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Brighton (No. 29, Pearl Ave St.; Ward)

2 FULL NAME
Mrs. Hannah C. Fennette
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 29 Pelham Ave Brighton Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fm

4 COLOR OR RACE: Wh.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widowed

6 DATE OF BIRTH: (Month) (Day) 1 (Year)

7 AGE: 91 yrs. mos. ds.
If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Massachusetts

PARENTS

10 NAME OF FATHER: Henry

11 BIRTHPLACE OF FATHER (State or country): Attny Maine

12 MAIDEN NAME OF MOTHER: Mary Co Rose

13 BIRTHPLACE OF MOTHER (State or country): Attny Me.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Son
(Address): 29 Pelham Ave Brighton

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 5 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from June 5, 1913, to January 25, 1916, that I last saw him alive on January 25, 1916, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Acute Bronchitis

Did a surgical operation precede death? no Date

(Duration) yrs. mos. ds.

Contributory (SECONDARY): Senility

(Duration) yrs. mos. ds.

(Signed) William A. Sinclair, M.D.
March 6, 1916 (Address) 166 Pearl St. Somerville.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lamoine Me. DATE OF BURIAL: March 7, 1916

20 UNDERTAKER: F. Crawley ADDRESS: Boston

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architcet*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Groeery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B. — Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 33 Crystal Cove Ave St.; Ward)

2 FULL NAME John Henry Forger Jr

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 33 Crystal Cove Ave Winthrop Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Mar (Month) 4 (Day) 1890 (Year)

7 AGE: 26 yrs. mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Roxbury Mass

PARENTS

10 NAME OF FATHER: John Henry Forger

11 BIRTHPLACE OF FATHER (State or country): Derry N. H.

12 MAIDEN NAME OF MOTHER: Amelia C. Pfeiffer

13 BIRTHPLACE OF MOTHER (State or country): Roxbury Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): C. R. Bennison
(Address): Winthrop Mass

16 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 7th (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb. 1st, 1916, to March 7th, 1916, that I last saw him alive on March 6th, 1916, and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) W. L. Porter, M.D.
Mch 7, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL ~~OR REMOVAL~~: Forest Hills Cemetery Boston

DATE OF BURIAL: 3/9, 1916

20 UNDERTAKER: C. R. Bennison

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4671

Winthrop
~~BOSTON~~
(City or town.)

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 57 Marshall St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Richard Francis Doherty

[If married or divorced woman or widow give maiden name, also name of husband.] —

[a] RESIDENCE 57 Marshall

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

[6] DATE OF BIRTH: Aug (Month) 16 (Day), 1915 (Year)

[7] AGE: — yrs. 6 mos. 21 ds.

If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Fathers = Shipper
(b) General nature of industry, business, or establishment in which employed (or employer): Fish

[9] BIRTHPLACE (State or country): Winthrop

PARENTS

[10] NAME OF FATHER: James A. Doherty

[11] BIRTHPLACE OF FATHER (State or country): Boston Mass

[12] MAIDEN NAME OF MOTHER: Lillian Cochran

[13] BIRTHPLACE OF MOTHER (State or country): Chelsea Mass

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Lillian Doherty
(Address) 57 Marshall St

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: March (Month) 8 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from March 7, 1916, to March 8, 1916, that I last saw h— alive on March 7, 1916, and that death occurred, on the date stated above, at 5 7 m.

The CAUSE OF DEATH* was as follows:
Whooping Cough

Did a surgical operation precede death? Date

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Pneumonia (Bronchial)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry A. Kelly, M.D.

March 8, 1916 (Address) 200 Pleasant St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Holy Cross

DATE OF BURIAL: Mar 9th, 1916

[20] UNDERTAKER: M. J. Kelly

ADDRESS: 11 Meridian St.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

465

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 17 Cutter St.; Ward)

of father

2 FULL NAME ~~Howard~~ Earl Hodgdon Father

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 17 Cutter St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Singer

6 DATE OF BIRTH: March (Month) 8th (Day), 1916 (Year)

7 AGE: ....yrs. ....mos. ....ds.

If LESS than 1 day, 14 hrs. or ....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

9 BIRTHPLACE (State or country): Winthrop

PARENTS

10 NAME OF FATHER: Howard Earl Hodgdon

11 BIRTHPLACE OF FATHER (State or country): Somerville Mass

12 MAIDEN NAME OF MOTHER: Doris Ada Spitler ~~Minnie Olive Lovitt~~

13 BIRTHPLACE OF MOTHER (State or country): Somerville Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard E. Hodgdon

(Address) 17 Cutter St.

16 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mch. (Month) 9. (Day), 1916. (Year)

17 I HEREBY CERTIFY that I attended deceased from Mch. 8th, 1916, to Mch. 9, 1916, that I last saw him alive on Mch. 8, 1916, and that death occurred, on the date stated above, at 1-9 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. ....mos. 1 ds.

Contributory (SECONDARY) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. L. Potter, M.D.

Mch. 9, 191.... (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19 PLACE OF BURIAL OR REMOVAL: Glenwood Everett

DATE OF BURIAL: Tomb, 1916

20 UNDERTAKER: F. E. Henderson

ADDRESS: Everett Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

causes of lungs, meninges, peritoneum, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Charlton (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Charlton (No. ..... , ... St.; ..... Ward)

2 FULL NAME Nancy M Cole

[If married or divorced woman or widow give maiden name, also name of husband.] —

a RESIDENCE Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Oct (Month) 18 (Day), 1875 (Year)

7 AGE: 40 yrs. 5 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

9 BIRTHPLACE (State or country): Sharon

PARENTS

10 NAME OF FATHER: Alexander MacDonald

11 BIRTHPLACE OF FATHER (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Jeanie Allan

13 BIRTHPLACE OF MOTHER (State or country) —

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs H M Bangs

(Address) Winthrop

15 Filed March 12 1916 Frank O Wakefield REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 11 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from March 10 1916, to March 11, 1916, that I last saw her alive on March 10, 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Paul W Abell, M.D.

March 12, 1916 (Address) Charlton

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Winthrop

DATE OF BURIAL: March 15 1916

20 UNDERTAKER: L A McIntyre

ADDRESS: Charlton

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH
Winthrop (No. 419, Revere St.; Ward)

[2] FULL NAME David Joseph Murphy
[If married or divorced woman or widow give maiden name, also name of husband.] Mary Celeste

[a] RESIDENCE 419 Revere St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widower

[6] DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

[7] AGE ..... yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of Industry, business, or establishment in which employed (or employer): .....

[9] BIRTHPLACE (State or country): Ireland

PARENTS

[10] NAME OF FATHER: Edward Murphy

[11] BIRTHPLACE OF FATHER (State or country): Ireland

[12] MAIDEN NAME OF MOTHER: Mary O'Brien

[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary E. Murphy
(Address) 419 Revere St Winthrop

[15] Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH March 11, 1916 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from March 1, 1915, to March 11, 1916, that I last saw him alive on March 10, 1916, and that death occurred, on the date stated above, at 8:30 Am.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

Did a surgical operation precede death? No Date .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles Mahoney, M.D.
March 11, 1916 (Address) 355 Winthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Calvary Cemetery Boston
DATE OF BURIAL: March 14, 191.....

[20] UNDERTAKER: R. J. Cooke
ADDRESS: .....

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

CITY OF LYNN

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

Lynn (City or town.) (No. Lynn Tubercular Sana. St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME David White

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE Winthrop, Mass.

Registered No. 357

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): M

[6] DATE OF BIRTH: December 16, 1858 (Month) (Day) (Year)

[7] AGE: 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Book keeper

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Scotland

PARENTS

[10] NAME OF FATHER: F. James

[11] BIRTHPLACE OF FATHER (State or country): Scotland

[12] MAIDEN NAME OF MOTHER: M. Ann Paxton

[13] BIRTHPLACE OF MOTHER (State or country): Scotland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

[15] Filed Apr. 5, 1916 Joseph H. Attwell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: March 13, 1916. (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Feb. 5, 1916, to Mar. – 1916, that I last saw h alive on " 13, 1916, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) P. C. Devlin, M.D.

, 191 (Address) Lynn

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop, Mass.

DATE OF BURIAL: Mar. 18, 1916

[20] UNDERTAKER: Chas. Bennison

ADDRESS: Winthrop

12-19-16

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of .....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Transfer

[1] PLACE OF DEATH Winthrop (No. Metcalf Hospital St.; Ward) (City or town.) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Joshua J. Pellingill

[If married or divorced woman or widow give maiden name, also name of husband.] Widow Thomas Pellingill

[a] RESIDENCE 4 Walden — Ave — Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widow

[6] DATE OF BIRTH: Aug (Month) 9 (Day) 65 (Year) 1

[7] AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country): Westport Me

PARENTS

[10] NAME OF FATHER: Clark Jewett

[11] BIRTHPLACE OF FATHER (State or country): Westport. Me.

[12] MAIDEN NAME OF MOTHER: Aline Jewett

[13] BIRTHPLACE OF MOTHER (State or country): Westport Me

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs M M Jolyn

(Address)

[15] Filed ..., 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Feb (Month) 16 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Feb 13, 1916, to Feb 16, 1916, that I last saw h. alive on Feb 16, 1916, and that death occurred, on the date stated above, at 1.10 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver.

General Peritonitis

Exploratory Operation

(Duration) 1 yrs. mos. 5 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. 2 ds.

(Signed) Ben L Bridwell, M.D.

Feb 16, 191.. (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 4 Walden Ave

Former or usual residence 4 Walden Ave

[19] PLACE OF BURIAL OR REMOVAL: Mt Pleasant Me

DATE OF BURIAL: 3/19, 191.

[20] UNDERTAKER: C H Faunce

ADDRESS: Chelsea

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Winthrop (No. 40, Waldemar Ave St., Ward) (City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Pauline B. Richardson

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Winthrop, Mass. 40 Waldemar Ave. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: 7 (Month) 18 (Day), 1907 (Year)

7 AGE: 8 yrs. 7 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Taunton, Mass

PARENTS

10 NAME OF FATHER: Horace Richardson

11 BIRTHPLACE OF FATHER (State or country): St. Martins Quebec

12 MAIDEN NAME OF MOTHER: Ina F. Jennings

13 BIRTHPLACE OF MOTHER (State or country): Hyde Park, Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Horace Richardson
(Address) 40 Waldemar Ave

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 17 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from March 11th, 1916, to March 17, 1916, that I last saw her alive on Mch. 16, 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Acute Malignant Endocarditis

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) Chorea

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Wm J. Porter, M.D.

Mch. 18, 1916 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemet.

DATE OF BURIAL: 3-18-, 1916

20 UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

Mar. 17. 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 57, Beacon St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Ella A. Beane Beane

[If married or divorced woman or widow give maiden name, also name of husband.] Thos. A. Beane (Hussey)

[a] RESIDENCE Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

[6] DATE OF BIRTH 11-3-1877 (Month) (Day) (Year) 1855 1846

[7] AGE 60 yrs. 4 mos. 4 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

[9] BIRTHPLACE (State or country) E. Boston

PARENTS

[10] NAME OF FATHER Ezra L. Hussey

[11] BIRTHPLACE OF FATHER (State or country) Calais Me.

[12] MAIDEN NAME OF MOTHER Sarah N. Lowson

[13] BIRTHPLACE OF MOTHER (State or country) Calais Me.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dwight Beane

(Address) 57 Beacon St. Winthrop

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Mch. 21, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Nov. 1st, 1915, to March 21, 1916, that I last saw her alive on Mar. 21, 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY) Arterio-sclerosis

Indef. (Duration) yrs. mos. ds.

(Signed) W. J. Porter, M.D.

Mch. 22, 1916 (Address) Winthrop.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Woodlawn Cem. DATE OF BURIAL 3-23-1916

[20] UNDERTAKER W. C. Skaggs Co. ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF **BOSTON.**

FULL NAME CATHERINE COUGHLIN

Registered No. 3513

Place of Death and Residence: Boston INFANT'S HOSP

Date of Death MAR 27 1916. Age years 3 months 27 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	SIN

Maiden Name

Husband's Name

Birthplace WINTHROP MASS

Name of Father JOHN J COUGHLIN

Birthplace of Father EAST BOSTON MASS

Maiden Name of Mother FRANCES L SHEFFIELD

Birthplace of Mother ESAT BOSTON MASS

Occupation

Informant

Place of Burial or removal WOODLAWN CEM. EVERETT

Undertaker J F O'MALEY WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): RETRO-PHARYNGEAL ABSCESS (5 DS.)

Contributory (Duration): GEN SEPTICAEMIA (2DS.)

(Signed) J I GROVER M.D.

MAR 28 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP (8 EDGEHILL RD.)

Filed MARCH 31 1916.

A true copy. Attest: E W M Glennon

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

mar. 27, 1916

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

467

[1] PLACE OF DEATH Winthrop (No. 220, Woodside Ave. St.; ..... Ward) ..... (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME William H. Daniels

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 220 Woodside Ave. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: 8 (Month) 4 (Day) 1857 (Year)

[7] AGE: 58 yrs. 7 mos. 24 ds. If LESS than 1 day ..... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): E. Hartford Conn.

PARENTS

[10] NAME OF FATHER: Oliver Daniels

[11] BIRTHPLACE OF FATHER (State or country): Wafing Conn.

[12] MAIDEN NAME OF MOTHER: Eliza Burr

[13] BIRTHPLACE OF MOTHER (State or country): Bloomfield Conn.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Wm. H. Daniels

(Address)

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: March (Month) 28 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from March 9, 1916, to March 28, 1916, that I last saw him alive on March 28, 1916, and that death occurred, on the date stated above, at 1.30 A.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis

Cerebral hemorrhage

(Duration) ..... yrs. ..... mos. 21 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. B. Parker, M.D.

March 28, 1916. (Address) 148 Winthrop St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cemt. DATE OF BURIAL: 3-30, 1916

[20] UNDERTAKER: W. C. Skaggs ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 21 Wheelock St; St.; Ward)

2 FULL NAME Margaret. Wheelock (Gates) Maiden Name

[If married or divorced woman or widow give maiden name, also name of husband.] wife of Lamb. Wheelock

a RESIDENCE 21 Wheelock St Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Mar 22 1832 (Month) (Day) (Year)

7 AGE: 84 yrs. 6 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9 BIRTHPLACE (State or country): Gates Mountain N.S.

PARENTS

10 NAME OF FATHER: Jacob. Gates

11 BIRTHPLACE OF FATHER (State or country): Gates Mountain N.S.

12 MAIDEN NAME OF MOTHER: May. Brown

13 BIRTHPLACE OF MOTHER (State or country): N. S.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E R Bennison

(Address) Winthrop Mass

15 Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mch 28, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from 1911, 191..., to Mch 28, 1916, that I last saw h. alive on Mch 25, 1916, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

apoplexy of
Cerebral arteriosclerosis

(Duration) 5 yrs. ... mos. ... ds.

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible], M.D.

Mch 30 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: 3/30, 1916

20 UNDERTAKER: E. R. Bennison

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2094

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

City of Newton
(City or town.)

[1] PLACE OF DEATH
Newton, Mass. (No. 61 Central St.; 4 Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Roebuck S. Cordingley
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE Winthrop, Mass.

Registered No. 159

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: December 28 (Month) (Day), 1864 (Year)

[7] AGE: 51 yrs. 3 mos. 2 ds.
If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country) (City or Town): Boston, Mass.

PARENTS

[10] NAME OF FATHER: Frank Cordingley

[11] BIRTHPLACE OF FATHER (State or country) (City or Town): Heckmondwike, England

[12] MAIDEN NAME OF MOTHER: Maria W. Oddy

[13] BIRTHPLACE OF MOTHER (State or country) (City or Town): Leeds, England

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. E. E. B. Johnson
(Address) 61 Central St., Auburndale, Mass.

[15] Filed Apr. 20 1916 Frank [illegible] REGISTRAR
City Clerk

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: March (Month) 30 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Mar. 25, 1916, to Mar. 30, 1916, that I last saw him alive on Mar. 30, 1916, and that death occurred, on the date stated above, at 6.17 a.m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(Duration) 7 or 8 days yrs. mos. ds.

Contributory (SECONDARY) Myocarditis - Nephritis
(Duration) X yrs. mos. ds.

(Signed) C. P. Hutchinson, M.D.
Mar. 30, 1916 (Address) Auburndale, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Newton Cemetery
DATE OF BURIAL: Apr. 1, 1916

[20] UNDERTAKER: H. F. Cate
ADDRESS: W. Newton, Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

Board of Health, City of Newton. The within return counter-signed and approved this.....day of.....191 . Agent.

TRAN[illegible] PERMIT

Authorized by the State Board of Embalmers

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

California State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State Index No. _____

Local Registered No. 28[illegible]

[If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out Nos. 18a and 18b.]

1 PLACE OF DEATH

County of: San Diego

Town of: _____

or City of: San Diego

No. Marine Camp Exposition St., 4 (Dist.)

2 FULL NAME: Frank Joseph Doherty

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced (Write the word): Single

6a HUSBAND OF

6b WIFE OF

6 DATE OF BIRTH: Dec. 25, 1916 (Month) (Day) 1 (Year)

7 AGE: 27 years 2 months 6 days

If LESS than 1 day, ____ hrs. or ____ min?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Marine Service

(b) General nature of industry, business, or establishment in which employed (or employer): _____

9 BIRTHPLACE (State or country): Mass.

PARENTS

10 NAME OF FATHER: Jhon Doherty

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

18a LENGTH OF RESIDENCE

At Place of Death (Primary registration district): 2 years ____ months ____ days

In California: 2 years ____ months ____ days

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Capt. Schwable

(Address): Marine Barracks, Expo.

15 Filed 4/2 1916 C. E. Bowes Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 1, 1916 (Month) (Day) 191__ (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar. 26 1916, to April 1, 1916, that I last saw him alive on April 1, 1916, and that death occurred on the date stated above at 4.11 Am

The CAUSE OF DEATH * was as follows:

Cerebral Spinal Meningitis

(Duration) ____ years ____ months ____ days

Contributory _____

(Duration) ____ years ____ months ____ days

State whether attributed to dangerous or insanitary conditions of employment _____

(Signed) Dr. H. Caston M. D.

April 1, 1916 (Address) San Diego

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL.

16b SPECIAL INFORMATION for Hospitals, Institutions, Transients or Recent Residents

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF REMOVAL: Winthorp, Mass.

DATE OF REMOVAL: April 2, 1916

20 UNDERTAKER: Bradley & Woolman

ADDRESS: San Diego

LOCAL REGISTRAR'S PERMIT FOR REMOVAL

N. B.—This Permit can be signed only by the Local Registrar (Deputy or Subregistrar) of the Primary Registration District (Freeholders' Charter City, or other City or Incorporated Town, or Rural Portion of a County) in which the death occurred after the FILING and acceptance of a COMPLETE AND CORRECT CERTIFICATE OF DEATH LEGIBLY WRITTEN IN DURABLE BLACK INK.

A CERTIFICATE OF DEATH having been presented to me containing the above stated particulars, and after examination the same appearing to be COMPLETE, CORRECT AND SATISFACTORY AS REQUIRED BY LAW (Statutes of California, 1915, Chapter 378, page 575 and Chapter 71, page 80) I have filed it with the above stated LOCAL REGISTERED NUMBER*, and on the basis thereof I HEREBY GRANT A PERMIT to the above named undertaker for the REMOVAL of the body of said deceased person as stated above. In the case of death from a dangerous or communicable disease, the burial or removal must be conducted according to the rules of the State and local boards of health.

Dated 4/2 1916

C. E. Bowes
Health Officer and Local Registrar.

By C. E. Wilson
Clerk.

This permit is sufficient for the removal of a body to destination as above indicated (subject to local cemetery or other regulations).

[* Local registered number may be omitted from Permit for certificate filed only with Subregistrar at place distant from county seat, but Permit must then show name of Local Registrar by whom Subregistrar was appointed and to whom certificate must be forthwith forwarded.]

ENDORSEMENT OF SEXTON OR PERSON IN CHARGE OF PREMISES ON WHICH INTERMENTS OR CREMATIONS ARE MADE

Date of interment or cremation ____ 191__
(Strike out word not used)

_____
(Signature of person in charge of Cemetery, Crematorium, etc.)

_____
(Name of Cemetery, Crematorium, etc.)

Persons in charge must return this Permit to Local Registrar of his district within ten (10) days from above date. If no person is in charge the undertaker must sign the above statement, writing across the face of the Permit the words "no person in charge" and FILE PERMIT WITHIN TEN (10) DAYS with Local Registrar in the district in which the cemetery is located.

TRANSPORTATION RULES

Adopted by the California State Board of Embalmers pursuant to Statutes of California, 1915, Chapter 71, page 80.

RULE 1. The transportation of bodies dead of smallpox, bubonic plague, Asiatic cholera, yellow fever, typhus fever, diphtheria (membranous croup), scarlet fever (scarletina, scarlet rash), crysipelas, glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfecting fluid containing not less than fourteen (14%) percent of 40% formaldehyde solution, and that the amount of fluid injected must not be less than one-thirteenth (1/13) of the body weight; (b) disinfection and stopping all orifices with absorbent cotton, and, (c) washing the body with the disinfectant. After being disinfected as above, such body shall be completely wrapped in a sheet securely fastened, and encased in an airtight zinc, tin, copper or lead lined coffin or casket, all joints hermetically sealed, or in a coffin or casket enclosed in a tin or zinc lined box, all joints and seams hermetically sealed.

RULE 2. The bodies of those dead from any cause not stated in Rule 1 may be received for transportation when encased in a sound coffin or casket and enclosed in a strong outside wooden box. The body must be prepared for shipment by arterial and cavity injection with an approved disinfecting fluid containing not less than 5% of 40% formaldehyde solution, the amount of fluid injected not to be less than one-thirteenth (1/13) of the body weight; stopping all orifices with absorbent cotton and washing the exterior of the body with the disinfection fluid.

RULE 3. No body shall be received for transportation unless having been prepared by a licensed embalmer holding a valid license in the State of California.

RULE 4. In the shipment of bodies dead from any contagious disease named in Rule 1, the body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the Health Officer as having been properly disinfected; and, before selling passage tickets, agents shall carefully examine the transit permit and note the name of the person in charge, and any other persons accompanying the body, and see that all necessary precautions have been taken to prevent the spread of the disease. The TRANSIT PERMIT in such cases shall specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 1 (contagious diseases), notice must be sent by telegraph to the Health Officer at destination, advising the date and train on which the body may be expected.

RULE 5. Every *disinterred* body, dead from any cause, shall be treated as infectious or dangerous to the public health, and must not be accepted for transportation unless said removal has been approved by the State or Local authorities having jurisdiction where such body is to be disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained, and such disinterred body must be inclosed in a hermetically sealed zinc, tin or copper lined casket or box.

YELLOW PASTERS

Yellow pasters used for transportation of bodies must contain statement of death, Local Registrar's Removal Permit, Licensed Embalmer's Certificate, Undertaker's Certificate, and Railway or Express Transit paster. Said paster to be furnished by the State Board of Embalmers of the State of California and issued only to embalmers holding a valid license from said board. The undertaker having charge of a body to be prepared for shipment must see that all Certificates and Permits have been properly secured and filled out. The Local REGISTRAR'S STATEMENT OF DEATH, AND PERMIT FOR REMOVAL SHALL BE PLACED IN A STOUT ENVELOPE OR OTHER COVERING AND SECURELY TACKED ON THE BOX. The agent of any railway or common carrier receiving a body for transportation must fill out Railway or Express Transit Paster, signing his name for same. The TRANSIT PASTER TOGETHER WITH UNDERTAKER'S CERTIFICATE SHALL BE SECURELY PASTED OR FASTENED ON THE BOX. Licensed Embalmer's Certificate No. 2 shall be forwarded to the Secretary of the State Board of Embalmers of the State of California and the duplicate Paster retained by the Transportation Company.

When bodies are taken from train to train in the same station or from one railroad station or boat to another in any registration district the Removal Permit accompanying the body from the place of shipment shall be sufficient authority for continuance to the place of destination.

All outside boxes must be fitted with six handles, two on each side and one on each end.

Under no circumstances shall a corpse be received for transportation if fluids or offensive odors are escaping from the case. Transportation agents will at once notify the local Health Officer or the Secretary of the State Board of Embalmers if such bodies are delivered for shipment. The Registrar of the local Board of Health shall make a record of such notice and immediately forward same to the Secretary of the State Board of Embalmers.

EXTRACTS FROM REGISTRATION LAW

Statutes of California, 1915, Chapter 378, page 575.

SEC. 9. *Duties of Undertaker.* The undertaker, or person acting as undertaker, shall file the certificate of death with the local registrar of the district in which the death occurred and obtain a burial or removal permit prior to any disposition of the body. * * * * The undertaker shall deliver the burial permit to the person in charge of the place of burial, before interring or otherwise disposing of the body; or shall attach the removal permit to the box containing the corpse, when shipped by any transportation company; said permit to accompany the corpse to its destination, where, if within the State of California, it shall be delivered to the person in charge of the place of burial.

SEC. 10. *Removal for Interment Within the State.* If the interment, or other disposition of the body is to be made within the State, the wording of the burial or removal permit may be limited to a statement by the registrar, and over his signature, that a satisfactory certificate of death having been filed with him, as required by law, permission is granted to inter, remove, or dispose otherwise of the body, stating the name, age, sex, cause of death, and other necessary details upon the form prescribed by the State Registrar.

SEC. 11. *Duties of Sexton.* No person in charge of any premises on which interments are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, removal or transit permit as provided by law. And such person shall indorse upon the permit the date of interment, over his signature, and shall return all permits so indorsed to the local registrar of his district within ten days from the date of interment. He shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the undertaker; which record shall at all times be open to official inspection; *provided*, that the undertaker or person acting as such, when burying a body in a cemetary or burial ground having no person in charge, shall sign the burial or removal permit, giving the date of burial, and shall write across the face of the permit the words "No person in charge," and file the burial or removal permit within ten days with the registrar of the district in which the cemetery is located.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

.....(No. ....., ... St.; ..... Ward) ..... (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME .....

[If married or divorced woman or widow give maiden name, also name of husband.] .....

[a] RESIDENCE Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX | [4] COLOR OR RACE | [5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word)

[6] DATE OF BIRTH

....., 1..... (Month) (Day) (Year)

[7] AGE

.....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or .....min.?

OCCUPATION

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

[9] BIRTHPLACE (State or country)

PARENTS

[10] NAME OF FATHER

[11] BIRTHPLACE OF FATHER (State or country)

[12] MAIDEN NAME OF MOTHER

[13] BIRTHPLACE OF MOTHER (State or country)

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address)

[15] Filed ....., 191..... .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH

....., 191..... (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from ....., 191....., to ....., 191.....,

that I last saw h..... alive on ....., 191.....,

and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

.....(Duration) .....yrs. .....mos. .....ds.

Contributory (SECONDARY) .....

.....(Duration) .....yrs. .....mos. .....ds.

(Signed) ....., M.D.

....., 191..... (Address) .....

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ....., 191.....

[20] UNDERTAKER | ADDRESS

N B.—Every item of information must be given. CAUSE OF DEATH WITH Important. See back of certificate.

after 1, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 18-8-'15. 5,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH 1916.

CITY OF BOSTON.

FULL NAME HEZEKIAH MC LAUGHLIN

Registered No. 3725

Place of Death and Residence: Boston 33 RUTLAND SQ

Date of Death APRIL 2 1916. Age 74 years 4 months 23 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	WID

Maiden Name

Husband's Name

Birthplace DIXFIELD ME

Name of Father PHINEAS MC LAUGHLIN

Birthplace of Father DIXFIELD ME

Maiden Name of Mother UNK

Birthplace of Mother UNK

Occupation BUILDER

Informant

Place of Burial or removal DIZFIELD ME

Undertaker A L EASTMAN BOSTON

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) CEBEBRAL HEMORRHAGE

CHR INTERSTITIAL MYOCARDITIS

CHR ARTERIO-SCLEROSIS

Contributory (Duration)

(Signed) TIMOTHY LEARY M.D.

APR 3 1916 (MED EX)

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP MASS

Filed APRIL 5 1916.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

apr 2, 1916

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass (No. 3, Bayou St.; Ward)

2 FULL NAME Jane Aitken

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 3 Bayou St. Winthrop

474.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May (Month) 19 (Day) 1837 (Year)

7 AGE: 78 yrs. 7 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Bay of Fortune P.E.I.

PARENTS

10 NAME OF FATHER: James Aitken

11 BIRTHPLACE OF FATHER (State or country): P.E.I.

12 MAIDEN NAME OF MOTHER: Isabella Dingwell

13 BIRTHPLACE OF MOTHER (State or country): P.E.I.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Conohan

(Address) 36 Atlantic St. Winthrop

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 2 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from March 22, 1916, to April 2, 1916, that I last saw her alive on April 2, 1916, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

Chronic myocarditis

(Duration) 1 yrs. 6 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) R. B. Parker M.D.

April 2, 1916 (Address) Winthrop Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: April 4, 1916

20 UNDERTAKER: E. B. Douglass & Son

ADDRESS: Chelsea

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

Winthrop (No. 61 Court Road St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Stillborn Leach

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 61 Court Road

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: April (Month) 5 (Day), 1916 (Year)

[7] AGE: --- yrs. : ------ mos. ------ ds. If LESS than 1 day, ---- hrs. or ---- min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: ----------

(b) General nature of industry, business, or establishment in which employed (or employer): ----- ----------

[9] BIRTHPLACE (State or country): Winthrop Mass.

PARENTS

[10] NAME OF FATHER: Frank J. Leach

[11] BIRTHPLACE OF FATHER (State or country): Boston Mass.

[12] MAIDEN NAME OF MOTHER: Gertrude A. Burke

[13] BIRTHPLACE OF MOTHER (State or country): East Boston Mass.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank J. Leach

(Address) 61 Court Road

[15] Filed ....., 191.... .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: April (Month) 5 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from April 5th, 1916, to April 5, 1916, that I last saw h.. alive on ....., 191...., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Stillborn

..... (Duration) ....yrs. ....mos. ....ds.

Contributory (SECONDARY) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) B. S. Pulcatt, M.D.

Apr 5th, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: St. Michaels Cemetery Pox.

DATE OF BURIAL: April 6, 191....

[20] UNDERTAKER: John F. O'Maley

ADDRESS: Winthrop

(Stockbarn)
apr. 5, 1116

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.— Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

Winthrop (No. 15 Faun Far Ave St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME JOHN FARRETT

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 15 Faun Far Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widowed

[6] DATE OF BIRTH: (Month) (Day) (Year)

[7] AGE: 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Ireland

PARENTS

[10] NAME OF FATHER: Michael Farrett

[11] BIRTHPLACE OF FATHER (State or country): Ireland

[12] MAIDEN NAME OF MOTHER: Unknown

[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. T. League

(Address) 15 Faun Far Ave

[15] Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: April 14, 1916 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Nov 3, 1915, to April 14, 1916, that I last saw him alive on April 13, 1916, and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. mos. 30 ds.

Contributory (SECONDARY) Gall stones & urbinoclerosis

(Duration) 5 yrs. 4 mos. ds.

(Signed) P. F. McCausland, M.D

Apr 14, 1916 (Address) Lynn, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: St. Marys Rye New York

DATE OF BURIAL: April 17, 1916

[20] UNDERTAKER: John F. O'Maley

ADDRESS: Winthrop

apr. 14, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

/ 2 /

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Winthrop (No. 92, Birch Road St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Horace Reede Brown

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 92 Birch Road Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July (Month) 10 (Day), 1876 (Year)

7 AGE: 36 yrs. 9 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Accountant

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Concord Mass

PARENTS

10 NAME OF FATHER: Joseph L Brown

11 BIRTHPLACE OF FATHER (State or country): Martha Walcott

12 MAIDEN NAME OF MOTHER: Concord Mass

13 BIRTHPLACE OF MOTHER (State or country): Concord Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mattie L Brown

(Address) 92 Birch Road Winthrop

16 Filed ..... 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH: April (Month) 14. (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb. 25, 1916, to March 22, 1916, that I last saw him alive on March 22, 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Raymond B Parker, M.D.

April 14, 1916 (Address) Winthrop Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 4/16, 1916

20 UNDERTAKER: A E Lane & Son

ADDRESS: Cambridge

Apr. 14, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF **BOSTON.**

FULL NAME JESSE P. SHURTLEFF

Registered No. 4217

Place of Death and Residence: Boston MASS.HOMEO.HOSPT.

Date of Death APR.16 1916. Age 64 years 8 months 7 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace COMPTON.P.Q. CAN.

Name of Father OTIS SHURTLEFF

Birthplace of Father COMPTON.P.Q.CAN.

Maiden Name of Mother ELIZA PENNOYER

Birthplace of Mother CANADA

Occupation WATCH MAKER

Informant

Place of Burial or removal CAMBRIDGE.MASS. (MT.AUBURN CREMATORY)

Undertaker A.E.LONG & SON CAMB.

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): URAEMIA FROM URINARY SUPPRESSION - 4 DYS (OPR.APR.11.16)

Contributory (Duration): TUB.KIDNEYS & BLADDER - 50 YRS

(Signed) E.D.LEE M.D.

APR.16 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP (5 HILLSIDE AVE)

Filed APR.21 1916.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

MARGIN RESERVED FOR BINDING

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WITH STANDING INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

483

Winthrop (City or town.)

[1] PLACE OF DEATH Winthrop (No. 71 Waldemar Ave St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Charles Clymer Ehrman

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 71 Waldemar Ave Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Male

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

[6] DATE OF BIRTH Mar 26 1866 (Month) (Day) (Year)

[7] AGE 50 yrs. 0 mos. 21 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Novelties

[9] BIRTHPLACE (State or country) Patterson NJ

PARENTS

[10] NAME OF FATHER Samuel Ehrman

[11] BIRTHPLACE OF FATHER (State or country) Unknown

[12] MAIDEN NAME OF MOTHER Sarah Brady

[13] BIRTHPLACE OF MOTHER (State or country) Unknown

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C R Benson

(Address) Winthrop Mass

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH April 18, 1916 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from April 15, 1916, to April 18, 1916, that I last saw him alive on April 18, 1916, and that death occurred, on the date stated above, at 6 45 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 1 yrs. 4 mos. 2 ds.

Contributory (SECONDARY) Acute Cardiac Dilatation

(Duration) 5 minutes yrs. mos. ds.

(Signed) Orville E. Johnson, M.D.

April 18, 1916 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cemetery

DATE OF BURIAL 4/19, 1916

[20] UNDERTAKER C R Benson

ADDRESS Winthrop

apr. 16, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH — Metcalf Hospital (No.) 174 Winthrop St. Winthrop (Ward) (City or Town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Virginia E. Newton
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 15 Cross St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: F

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): S

[6] DATE OF BIRTH: 4 (Month) 18 (Day), 1916 (Year)

[7] AGE: — yrs. — mos. 2 ds. If LESS than 1 day, — hrs. or — min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of Industry, business, or establishment in which employed (or employer) —

[9] BIRTHPLACE (State or country): Winthrop

PARENTS

[10] NAME OF FATHER: Harry A. Newton

[11] BIRTHPLACE OF FATHER (State or country): Charlestown Mass

[12] MAIDEN NAME OF MOTHER: Pearl Gilmore

[13] BIRTHPLACE OF MOTHER (State or country): Melrose Mass

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. A. Newton
(Address) 15 Cross St. Winthrop

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: 4 (Month) 18 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Apr 16; 1916, to Apr 18, 1916, that I last saw her alive on April 18, 1916, and that death occurred, on the date stated above, at 12 Hm.

The CAUSE OF DEATH* was as follows:
Haemorrhage of New Born
(Duration) ... yrs. ... mos. 2 ds.

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Ben J. Metcalf, M.D.
Apr 19, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 2 ds. In the State ... yrs. ... mos. 2 days ds.
Where was disease contracted, If not at place of death? Metcalf Hosp. Congenital
Former or usual residence none.

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cem. DATE OF BURIAL: 4-19-, 1916

[20] UNDERTAKER: W. C. Skaggs ADDRESS: Winthrop

MARGIN RESERVED FOR BINDING — THIS IS A PERMANENT RECORD

apr 18, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 72 Winthrop St. St.; Ward)

2 FULL NAME James Campbell MacQuarrie

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 72 Winthrop St Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: April 8 1848 (Month) (Day) (Year)

7 AGE: 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Pictou N. S.

PARENTS

10 NAME OF FATHER: George MacQuarrie

11 BIRTHPLACE OF FATHER (State or country): Scotland Pictou Co. N. S.

12 MAIDEN NAME OF MOTHER: Sarah Brown

13 BIRTHPLACE OF MOTHER (State or country): Nova Scotia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. L. W. Hicks
(Address) 59 Winthrop St

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 18. (Day), 1916. (Year)

17 I HEREBY CERTIFY that I attended deceased from April 10th, 1916, to Apr 18th, 1916, that I last saw he alive on Apr. 17, 1916, and that death occurred, on the date stated above, at 7.15 p.m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

Indef. (Duration) yrs. mos. ds.

Contributory (SECONDARY) Pulmonary Oedema

(Duration) yrs. mos. 3 ds.

(Signed) H. J. Porter, M.D.

Apr. 18. 1916 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Pictou N. S. DATE OF BURIAL: 4/22, 1916

20 UNDERTAKER: C. R. Bennett ADDRESS: Winthrop

MARGIN RESERVED FOR BINDING

Apr. 18, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass (No. 22, Vine Ave St.; Ward)

2 FULL NAME Stillman J. Snow
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 22 Vine Ave Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

6 DATE OF BIRTH March 18, 1 (Month) (Day) (Year)

7 AGE 57 yrs. mos. ds.

If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Stock Broker
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Harwichport Mass.

PARENTS

10 NAME OF FATHER Stillman W. Snow

11 BIRTHPLACE OF FATHER (State or country) Harwichport Mass

12 MAIDEN NAME OF MOTHER Cahoon

13 BIRTHPLACE OF MOTHER (State or country) Harwichport Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Stillman Snow
(Address) 22 Vine Ave.

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 20th, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from 1915, 191, to Apr 20, 1916, that I last saw h. alive on Apr 19, 1916, and that death occurred, on the date stated above, at 12.54 m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of lungs

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) B N Duncell, M.D.
Apr 20, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Winchester Mass

DATE OF BURIAL 4/24, 1916

20 UNDERTAKER E. G. Brown & Son

ADDRESS East Boston

apr. 20, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 86 Saganore Ave St.; Ward)

2 FULL NAME Chandler Cutting

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 86 Saganore ave Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mal

4 COLOR OR RACE Whit.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

6 DATE OF BIRTH Sept 30 1834 (Month) (Day) (Year)

7 AGE 81 yrs. 6 mos. 20 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Worcester Mass

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) U S

12 MAIDEN NAME OF MOTHER U

13 BIRTHPLACE OF MOTHER (State or country) U

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C R Bunnell
(Address)

15 Filed ....., 191.... Preston B. Churchill (t.a) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 20th, 1916. (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from April 10th, 1916, to April 20th 1916, that I last saw him alive on April 18, 1916; and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

Indef. (Duration) ....yrs. ....mos. ....ds.

Contributory (Secondary) Organic Heart Disease

Indef. (Duration) ....yrs. ....mos. ....ds.

(Signed) W. L. Porter, M.D.

Apr. 21, 1916. (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Harrison Comty - Chicopee

DATE OF BURIAL 4/22, 1916

20 UNDERTAKER Mrs C. R. Bunnell

ADDRESS Winthrop

Apr. 20, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[12-15-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Battle Creek (~~No.~~), Michigan St.; ..... Ward)

2 FULL NAME John Von Betzen.
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Battle Creek, Mich. Registered No. 17947

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (*Write* the word) Married

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Dentist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9 BIRTHPLACE (State or country) East Boston,

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (State or country) Sweden.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (State or country) Sweden.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ure Von Betzen (Wife)
(Address) 95 Sagamore Ave.

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 22, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from ....., 191....., to ....., 191.....,
that I last saw h..... alive on ....., 191.....
and that death occurred, on the date stated above, at ..... m

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Did a surgical operation precede death? Date

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ....., M.D

....., 191..... (Address).....

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Winthrop | DATE OF BURIAL April 26, 1916

20 UNDERTAKER E. Brown Son | ADDRESS E. Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD.

various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

[illegible] The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

HEALTH DEPARTMENT
SEP 1916

R. 15-8-'15. 100,000.

2-10 13—25,000

Railroad.

TRANSIT PERMIT

(ORIGINAL) FROM No.

LOCAL BOARD OF HEALTH

in Battle Creek of ..... County of Calhoun State of Michigan.
(Township, city or village.)

This certifies that a Registrar's Removal Permit has been filed in my office, and, therefore,

PERMISSION is hereby given F. E. Shaw *to remove*
the body of John Van Betzen *Aged* 46 *years* ..... *months* ..... *days*
Date of death April - 22 1916 *Hour of death* 4 *o'clock* A. M.
Cause of death Chronic Nephritis *as certified by attending physician.*
Place of burial Boston *County of* ..... *State of* Mass
Mrs Van Betzen *is authorized to accompany the remains.*
Dated April 22 1916 Eugene Miller M. D.
Health Officer.

This permit must be detached and delivered to passenger in charge of corpse.

PASTER.

[Form 26]

STATE OF MICHIGAN.

REGISTRAR'S

Permit for Burial or Removal.

County Calhoun
Township .....
Village .....
City Battle Creek

No. .....

Date of Death April - 22 1916

FULL NAME John. Van Betzen *Age* 46 *years*
DISEASE CAUSING DEATH .....
Medical attendant Dr. Mortenson *Proposed date of burial or removal* April 22 1916
Place of Burial Boston Mass
Place of Removal .....
Undertaker F. E. Shaw *Via* M C *Address* Battle Creek

A CERTIFICATE OF DEATH having been filed in my office in accordance with the laws of Michigan, I hereby authorize the ..... (Burial or Removal.*) of the body of said deceased person as stated above. In the case of death from a dangerous communicable disease, the burial or removal must be conducted according to the rules of the State and local boards of health.

Thos H Thorne
(Registrar of deaths.)

Dated April 22 1916

City Clerk per A
(Official Title.)

*Write "Burial" or "Removal" as the case may be. Burial permits must be delivered by the Undertaker to the Sexton. Removal permits must be given to the Agent of Transportation Company, and attached by him to box containing body. Subregistrars will write "Sub" before the words "Registrar of Deaths" and "Licensed Embalmer No.—" below, always giving No. of License.

EMBALMER'S CERTIFICATE.

I hereby certify that the accompanying dead body of John. Van Betzen
(If a minor, give parents names also.)
consigned to Boston *in the County of* ..... *State of* Mass
and who died of Chronic Nephritis *has been prepared for transportation by a licensed embalmer holding the valid, unrevoked and unexpired License No.* 604

This disease causing death is declared by the State Board of Health to be a non *communicable disease, and I further certify that the body has been prepared strictly in accordance with* ~~Rule~~ 3 *of the* ~~Rules~~ *of said Board, as printed on the back of this sheet.*

Residence Battle Creek F. E. Shaw
Shipping Embalmer.

SPECIAL INSTRUCTIONS.—A burial case containing a corpse must not be received for transportation unless the person in charge of the remains presents a Permit from the Board of Health, or Health Officer, the Registrar's Removal Permit, and an Embalmer's Certificate that the body has been prepared for transportation according to Rules of the State Board of Health, made under the laws of the State. Neither will it be received if any fluids or offensive odors are escaping from the case. Agents will detach this Paster containing Registrar's Removal Permit, Embalmer's Certificate and Special Instructions, at the perforation, and tack them securely on the end of the box before shipping. In all cases where bodies are forwarded under Rule 2, notice must be sent by telegraph by the shipping embalmer to the health officer, or, when there is no health officer, to other competent authority at destination advising the date and train on which the body may be expected.

Station Baggagemen must enter here a description of the ticket, the exact route, and VIA WHAT JUNCTIONAL POINTS THE TICKET READS, which is held by the passenger in charge of the remains.

Date April 22
From Battle Creek *to* Boston *State of* Mass
No. of Ticket of Escort 44163 *Form No. of Ticket of Escort* 7316
No. of Corpse Ticket ..... *Form No. of Corpse Ticket* .....
Via M C *R. R.* *To* .....
Via N Y C *R. R.* *To* .....
Via B A *R. R.* *To* N Y
Via ..... *R. R.* *To* .....
Name of Passenger in charge Mrs Van Betzen *Place of Residence* .....
Signed H H Pitts *Station B. M.*

SEE RULES ON THE OTHER SIDE

Rules and Regulations of the Michigan State Board of Health Governing the Preparation of Dead Bodies for Transportation.

TOOK EFFECT FEBRUARY, 1902.

Rule 1. It shall be the duty of every funeral director, undertaker or embalmer within this State, who may desire recognition by transportation companies and common carriers, for the transportation of the bodies of human beings dead from infectious, contagious or communicable diseases, to conform to all the rules and regulations made therefor by the State Board of Health, referred to in Sec. 5. Act 233, Laws of 1901, as amended by Act 132, Laws of 1903, in accordance with which act, the State Board of Health undertakes to examine and to grant licenses to such persons as are found on examination to be properly qualified to disinfect and prepare for transportation bodies dead from communicable disease; such licenses to authorize persons holding them to prepare for transportation bodies dead from any dangerous communicable disease, and no other person shall be so authorized.

Rule 2. The bodies of those who have died of diphtheria (or any diphtheritic disease, including heart failure, croup, membranous croup, angina maligna, putrid sore throat, malignant sore throat), scarlet fever (sometimes called scarlatina, scarlet rash, scarlatinal nephritis, canker rash, rash), glanders, anthrax, smallpox (variola, varioloid, varicella, chicken-pox, Cuban itch), Asiatic cholera, yellow fever, typhus fever, bubonic plague or leprosy,* shall not be transported nor accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with a disinfectant fluid approved by this Board (see Rule 10), (b) disinfecting and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by an Embalmer, holding a license issued by the State Board of Health. After being disinfected as above, such body shall be enveloped in a layer of cotton not less than one inch thick, completely wrapped in a sheet, bandaged, and encased in an air-tight zinc, tin, copper or lead-lined coffin, all joints and seams hermetically soldered, and all enclosed in a strong, tight wooden box. Or, the body being prepared for shipment by disinfecting and wrapping as above may be placed in a strong coffin or casket, and the coffin or casket encased in an air-tight zinc, copper or tin case, all joints and seams hermetically soldered, and all enclosed in a strong wooden box. In all cases where bodies are forwarded under Rule 2, notice must be sent by telegraph by the shipping embalmer to the health officer, or, when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected. The coffin or box should not be opened after reaching its destination.

Rule 3. Bodies dead of typhoid fever (typho-malarial, enteric, continued, mucous fever, typhoid malaria, typhoid pneumonia, fever unless definitely stated, heart failure), puerperal fever, erysipelas, consumption (tuberculosis of any organ), measles, (morbilli, rubeola), rötheln (German measles, rubella), whooping-cough (cough, pertussis), pneumonia (lung fever, inflammation of the lungs), influenza (lagrippe), meningitis, rabies (hydrophobia), and tetanus (lockjaw), which can reach their destination within forty-eight hours from time of death, may be received for transportation when prepared for shipment by filling the abdominal and thoracic cavities with a disinfectant approved by this Board (see Rule 10), washing the exterior of the body with such an approved disinfectant, stopping all orifices with absorbent cotton and placing the body in a strong coffin or casket, and enclosing it in a strong wooden box. In case such body cannot reach its destination in forty-eight hours it must be prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with a disinfectant fluid approved by this Board, (b) disinfecting and stopping of all orifices with absorbent cotton, and (c) washing the body with such an approved disinfectant, and placing the body in a strong coffin or casket, and enclosing it in a strong wooden box. The preparation of all bodies under this rule must be done by an Embalmer holding a license issued by the State Board of Health.

Rule 4. Bodies dead from violence or from a disease not communicable or not named in Rule 2 or 3, which shall reach their destination within thirty hours from time of death, or are addressed to the Demonstrator of Anatomy of some medical college, may be received for transportation when encased in a sound coffin or casket and enclosed in a strong wooden box. Heart failure should never be accepted as a cause of death, except under Rule 2 or 3 (as equivalent to diphtheria or typhoid fever).

If the body is not so addressed, or cannot reach its destination in thirty hours from time of death, it must be prepared for shipment by filling cavities with a disinfectant approved by the State Board of Health, washing the exterior of the body with the same, stopping all orifices with absorbent cotton, and enveloping the entire body with a layer of cotton not less than one inch thick, and all wrapped in a sheet and bandaged, and encased in an air-tight coffin or casket, and all enclosed in a strong wooden box. But if the body has been thoroughly disinfected by arterial and cavity injection and surface disinfection, by a licensed Embalmer, the wrapping in cotton, the bandaging and air-tight coffin may be dispensed with.

Rule 5. In the case of a contagious, infectious or communicable disease, the body must not be accompanied by a person or article which has been exposed to the infection of the disease, unless certified by the health officer as having been properly disinfected. Before selling a passage ticket, agents shall carefully examine the transit permit, and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of the disease. The transit permit in such cases shall specifically state who is authorized by the health authorities to accompany the remains.

Rule 6. Every dead body, except as provided for in Rule No. 7, must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpse" for the transportation of the body, and a transit permit including Health Officer's Permit for Removal, Registrar's Removal Permit, Embalmer's Certificate, name of deceased, date and hour of death, age, place of death, cause of death, whether communicable or non-communicable, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the health officer's statement of the names of those authorized by the health authorities to accompany the body. The transit permit must be made in duplicate, and the signatures of the Registrar, Health Officer and Embalmer, must be on both the original and duplicate copies. The Registrar's Removal Permit, the Embalmer's Certificate, and Baggagemen's instructions, of the *original*, shall be detached from the transit permit and securely fastened on the coffin box. The Health Officer's Removal Permit shall be handed to the passenger in charge of the corpse. The whole duplicate copy shall be sent to the official in charge of the baggage department of the initial line, and by him to the Secretary of the State Board of Health.

Rule 7. When dead bodies are shipped by express the whole original transit permit shall be securely fastened upon the outside box and the duplicate forwarded by the express agent to the Secretary of the State Board of Health.

Rule 8. Every disinterred body, dead from any disease or cause, shall be treated as dangerous to the public health, and shall not be accepted for transportation unless said removal has been approved by the Secretary of the State Board of Health, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains shall be inclosed in a hermetically soldered zinc, tin or copper lined coffin or box. Bodies deposited in receiving vaults, or otherwise kept for thirty days after death, will be treated and considered the same as buried bodies; but if such a body has been thoroughly disinfected by arterial and cavity injection and surface disinfection, by a licensed Embalmer, and the shipment is made within the thirty days, the metallic coffin or box may be dispensed with.

Rule 9. The license of any Embalmer may be revoked at any time by this State Board of Health, upon sufficient evidence to satisfy the Board that any certificate made by said Embalmer relative to the preparation of a body for transportation was known by him to have been false, or such evidence that a rule of this Board had been knowingly violated.

Rule 10. Disinfection of rooms and contents must be done by or under the direction of the local health officer (Act 137 Laws 1883; Sec. 4461, Compiled Laws 1897). Disinfection of the surfaces of the body should be done by the Embalmer by washing with solution of bichloride of mercury, one part of bichloride to one thousand of water, or of carbolic acid one part to twenty of water, or better still, formaldehyde solution not less than eight per cent strength. Embalming should be done by using a solution containing not less than eight per cent of formaldehyde. This may be made by using a little more than one part of the commercial "forty per cent" (usually about thirty-five per cent) solution of formaldehyde to four parts of water. No arsenical solution shall be used.

Rule 11. After January 1st, 1912, the license of any Embalmer in Michigan will be recalled and cancelled by the State Board of Health, if the said Embalmer shall sign a death certificate to procure a permit for the burial or the removal of a dead human body which he did not embalm and prepare for burial, or which was not embalmed and prepared for burial under his immediate and personal supervision.

Published by direction of the State Board of Health,
R. L. DIXON, M. D.,
Secretary.

Office of the Secretary of the State Board of Health,
Lansing, Mich., February, 1913.

*Bodies dead of some of the diseases named in Rule 2 are forbidden to be shipped into any other state than Michigan. Many of the States forbid the transportation of bodies dead of smallpox, typhus fever, plague, and cholera.

John Van Belgen
58
Feb. 22, 1916

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchester (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winchester (No. 532 Shirley St St.; Ward)

2 FULL NAME James Henry Howard

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 532 Shirley St Winchester Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: April 25 1854 (Month) (Day) (Year)

7 AGE: Probably about 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): R.R. B&L. R.R.

9 BIRTHPLACE (State or country): Reading Mass

PARENTS

10 NAME OF FATHER: James, Henry Howard Sr

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Eliza Jane Whelman

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. M. Louise Walker

(Address) (Sister) 532 Shirley St.

15 Filed ..... 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 25th (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Apr. 19th, 1916, to Apr. 25, 1916, that I last saw him alive on Apr. 24th, 1916, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) 2 yrs. 1 mos. ds.

Contributory (SECONDARY) Arterio-sclerosis

Indef. (Duration) yrs. mos. ds.

(Signed) W. L. Porter, M.D.

Apr 27, 1916 (Address) Winchester

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woburn Cemetery

DATE OF BURIAL: 4/27, 1916

20 UNDERTAKER: C. R. Penniman

ADDRESS: Winchester

apr. 25, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH Winthrop (No. 15, Crest ave. St. ..... Ward) (City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Catherine MacLoud

[If married or divorced woman or widow give maiden name, also name of husband.] Hellen — Hector MacLoud

[a] RESIDENCE Winthrop — 15 Crest ave. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widowed

[6] DATE OF BIRTH 5 (Month) 6 (Day), 1864 (Year)

[7] AGE 51 yrs. 11 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

[9] BIRTHPLACE (State or country) New Haven Cape Britain

PARENTS

[10] NAME OF FATHER Joseph Hellen

[11] BIRTHPLACE OF FATHER (State or country) Cape Britain

[12] MAIDEN NAME OF MOTHER Isabel Hellen

[13] BIRTHPLACE OF MOTHER (State or country) Scotland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. B. D. Goring

(Address) 15 Crest Ave.

[15] Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH April (Month) 27 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from March 29, 1916, to April 27, 1916, that I last saw her alive on April 27, 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) ? yrs. 2 mos. ..... ds.

Contributory (SECONDARY) Spinal Spastic Paralysis

(Duration) ? yrs. 2 mos. ..... ds.

(Signed) P. Joseph Murray, M.D.

April 29, 1916. (Address) 147 Harvard St. Dorchester

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL New Haven Cape Brit DATE OF BURIAL ....., 191.....

[20] UNDERTAKER W. C. Skaggs ADDRESS Winthrop

apr. 27, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

Winthrop (No. 304 Winthrop St. St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Charles Joseph Harvey

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 304 Winthrop St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH: (Month) (Day), 1 (Year)

[7] AGE: 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Waltham Mass.

PARENTS

[10] NAME OF FATHER: John Harvey

[11] BIRTHPLACE OF FATHER (State or country): Ireland

[12] MAIDEN NAME OF MOTHER: Mary McCullagh

[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): C. Joseph Harvey

(Address): Winthrop

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: April (Month) 27 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Feb 1, 1916, to April 27, 1916, that I last saw him alive on April 27, 1916, and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

Inanition

(Duration) yrs. mos. 7 ds.

Contributory (SECONDARY): Carcinoma of Esophagus

(Duration) ? yrs. mos. ds.

(Signed) Harvey A. Kelly, M.D.

4/28, 1916 (Address) 200 Pleasant St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Calvary ~~St. Mary's~~ Waltham

DATE OF BURIAL: April 30, 191

[20] UNDERTAKER: John F. O'Maley

ADDRESS: Winthrop

apr. 27, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Winthrop (No. ....., Argyle St. ....., Ward) ..... (City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mary A. Caldwion

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): S

6 DATE OF BIRTH: Feb. (Month) 7 (Day), 1916 (Year)

7 AGE: ..... yrs. 2 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Winthrop

PARENTS

10 NAME OF FATHER: James Caldwion

11 BIRTHPLACE OF FATHER (State or country): Campton Ky

12 MAIDEN NAME OF MOTHER: Annie Daughrity

13 BIRTHPLACE OF MOTHER (State or country): No. Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Jas. Caldwion

(Address) Argyle St. Winthrop

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 1 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from April 6, 1916, to May 1, 1916, that I last saw he alive on May 1, 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Inanition

Persistent vomiting

..... (Duration) ..... yrs. ..... mos. 21 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. B. Parker, M.D.

May 3, 1916 (Address) Winthrop Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemt

DATE OF BURIAL: 5-3-, 1916

20 UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

MARGIN RESERVED FOR BINDING

May 1, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City ~~or town.~~)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 58 Winthrop St.; Ward)

2 FULL NAME Edson Dwight Gaylord
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 58 Winthrop St Winthrop Registered No. Mass

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

6 DATE OF BIRTH: June 11 1825 (Month) (Day) (Year)

7 AGE: 80 yrs. 10 mos. 21 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Dentist
(b) General nature of industry, business, or establishment in which employed (or employer): No. Gaylord & Co.

9 BIRTHPLACE (State or country): Naugabuck Conn

PARENTS

10 NAME OF FATHER: Luther Gaylord

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Laura Judd

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C R Pennson
(Address) Winthrop Mass

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 2 (Month) (Day) 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec 14, 1915, to May 2, 1916, that I last saw h. alive on May 2, 1916, and that death occurred, on the date stated above, at 2 P.m.

The CAUSE OF DEATH* was as follows:
Fracture left hip
accidental tripped over rug

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Roy G T Bass, M.D.
May 5, 1916 (Address) 218 Main Street

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cambridge
DATE OF BURIAL: 5/4, 1916

20 UNDERTAKER: C. R. Pennson
ADDRESS: Winthrop Mass

May 2, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[12-'15-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop. (No. 43 Lewis Ave. St.; Ward)

2 FULL NAME Christina E. Thomas.

[If married or divorced woman or widow give maiden name, also name of husband.] Christina E. Kitson wife of Hollis O.

a RESIDENCE 43 Lewis Ave. Winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): married.

6 DATE OF BIRTH: July 8 1877. (Month) (Day) (Year)

7 AGE: 38 yrs. 9 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of Industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Roxbury Mass

PARENTS

10 NAME OF FATHER: Isaac Kitson

11 BIRTHPLACE OF FATHER (State or country): England.

12 MAIDEN NAME OF MOTHER: Mary A. Cumming

13 BIRTHPLACE OF MOTHER (State or country): Scotland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. O. Thomas.
(Address) 42 Lewis Ave.

15 Filed ..., 191..
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 2 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec 1st, 1915, to May 2d, 1916, that I last saw her alive on May 2d, 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

Did a surgical operation precede death? Date

(Duration) yrs. 5 mos. ds.

Contributory (Secondary) Acute Nephritis

(Duration) yrs. 2 mos. ds.

(Signed) W. L. Porter, M.D.
May 3, 1916 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cem.

DATE OF BURIAL: 4/5/, 1916

20 UNDERTAKER: F. J. Waterman & Son.

ADDRESS: Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

May 2, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Winthrop (No. 71, Winthrop St., Ward) (City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Clara S. Whittemore

[If married or divorced woman or widow give maiden name, also name of husband.] R. ~~Floyd~~ Fred. A. Whittemore

a RESIDENCE Winthrop Harbor

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): M

6 DATE OF BIRTH: 6 (Month) 2 (Day) 1863 (Year)

7 AGE: 52 yrs. 11 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Winthrop

PARENTS

10 NAME OF FATHER: Albert Richardson

11 BIRTHPLACE OF FATHER (State or country): Hillsborough N.H.

12 MAIDEN NAME OF MOTHER: Floyd.

13 BIRTHPLACE OF MOTHER (State or country): Winthrop

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Freda. Whittemore
(Address) 71 Winthrop St.

15 Filed ....., 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 5 (Month) 4 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Sept. 20, 1913, to May 4, 1916, that I last saw her alive on May 4, 1916, and that death occurred, on the date stated above, at 9-30 p.m.

The CAUSE OF DEATH* was as follows:

Pernicious Angiitis

(Duration) 2½ yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Progressive paralysis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) S. S. Wilkins, M.D.

May 4, 1916 (Address) Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemt.

DATE OF BURIAL: 5-7-, 1916

20 UNDERTAKER: W. C. Shea

ADDRESS: Winthrop

May 4, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Number 5049

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Winthrop (No. 59, Crest Ave. St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Watson C. Wade

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 59 Crest Ave. Winthrop. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: 8 (Month) 18 (Day), 1847 (Year)

7 AGE: 68 yrs. 8 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Builder
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Belleisle N.S.

PARENTS

10 NAME OF FATHER: John M. Wade

11 BIRTHPLACE OF FATHER (State or country): N. S.

12 MAIDEN NAME OF MOTHER: Julia A. Miller

13 BIRTHPLACE OF MOTHER (State or country): N.S.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Oscar Fossett
(Address) 59 Crest ave.

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 5 (Month) 14 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from March 26, 1916, to May 14, 1916, that I last saw him alive on May 13, 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
Chronic Interstitial

Duration ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Hydrothorax & Renal failure complicating

Duration ..... yrs. 4 mos. ..... ds.

(Signed) Percy G. Ross, M.D.
May 16, 1916 (Address) 218 Main St. Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cem. DATE OF BURIAL: 5-17, 1916

20 UNDERTAKER: W. C. Skaggs ADDRESS: Winthrop

May 5, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed ta be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. Winthrop St. St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Elizabeth Shepherd

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 170 Court Rd — Winthrop Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Female

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

[6] DATE OF BIRTH Feb 4 1904 (Month) (Day) (Year)

[7] AGE 12 yrs. 3 mos. 3 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work School Girl

(b) General nature of Industry, business, or establishment in which employed (or employer) —

[9] BIRTHPLACE (State or country) Rockport Me

PARENTS

[10] NAME OF FATHER Joseph F.

[11] BIRTHPLACE OF FATHER (State or country) Rockport

[12] MAIDEN NAME OF MOTHER Bertha West

[13] BIRTHPLACE OF MOTHER (State or country) Phil - Pa

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Bennison

(Address) Winthrop Mass

[15] Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH May 7, 1916 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from April 30, 1916, to May 7, 1916, that I last saw her alive on May 7, 1916, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Mixed infection of Blood (Strepto & Staphylococcus)

(Duration) ... yrs. ... mos. 7 ds.

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) B. Bartlett, M.D.

May 8, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 7 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 160 Court Rd Winthrop

Former or usual residence 160 Court Rd Winthrop

[19] PLACE OF BURIAL OR REMOVAL Rockport

DATE OF BURIAL May 11, 1916

[20] UNDERTAKER C. R. Bennison

ADDRESS Winthrop

May 7, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

CHELSEA (City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH: Chelsea, Mass. (No. Soldiers' Home St.; Ward)

[2] FULL NAME: Charles W. Hall

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE: Winthrop, Mass.

Registered No. 304

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write the word*): Wid.

[6] DATE OF BIRTH: Nov. 21, 1843 (Month) (Day) (Year)

[7] AGE: 72 yrs. 5 mos. 18 ds

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Journalist

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Chelsea, Mass.

PARENTS

[10] NAME OF FATHER: Isaac C. Hall

[11] BIRTHPLACE OF FATHER (State or country): Mass.

[12] MAIDEN NAME OF MOTHER: Susanna Ryler

[13] BIRTHPLACE OF MOTHER (State or country): Mass.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): -----

(Address): -------

[15] Filed May 11, 1916 Geo. H. Bunker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: May 9, 1916. (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Feb. 9, 1916, to May 9, 1916, that I last saw him alive on " 9, 1916, and that death occurred, on the date stated above, at 12.15A

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(Duration) — yrs. — mos. — ds.

Contributory (SECONDARY) -----

(Duration) — yrs. — mos. ds.

(Signed) Edward A. Coates, Jr., M.D.

May 9, 1916 (Address) Chelsea.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 3 mos. — ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death? ----

Former or usual residence: Winthrop, Mass.

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cem.

DATE OF BURIAL: May 11, 1916

[20] UNDERTAKER: C. R. Bennison

ADDRESS: Winthrop

May 9, 1916 16

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

FILED IN THE OFFICE
OF THE CITY CLERK.
MAY 16 1916
H.....M.
REVERE, MASS.

R. 18.8.'15. 5,000

7857

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 6, Wave Way Ave St. ..... Ward)

[2] FULL NAME Mary E. Fay

[If married or divorced woman or widow give maiden name, also name of husband.] Wife of Edward Fay

[a] RESIDENCE 6 Wave Way Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

[7] AGE 76 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): .....

[9] BIRTHPLACE (State or country): Ireland

PARENTS

[10] NAME OF FATHER: John Marnell

[11] BIRTHPLACE OF FATHER (State or country): Ireland

[12] MAIDEN NAME OF MOTHER: Mary Hackett

[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss E. Fay

(Address) 6 Wave Way Ave. Winthrop

[15] Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH May 11, 1916 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes:
Cardio-renal disease
(Sudden death)

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leroy Burgess Magrath, M.D.

May 12, 1916 (Address) .....

5 a.m. MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Holy Cross Malden

DATE OF BURIAL: May 14, 191.....

[20] UNDERTAKER: John F. O'Maley

ADDRESS: Winthrop

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

May 11, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 36 Center St. St.; Ward)

2 FULL NAME Sarah Emerson Tucker

[If married or divorced woman or widow give maiden name, also name of husband.] Widow of Jonathan N. Tucker

a RESIDENCE 36 Center St Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widow

6 DATE OF BIRTH June 6 1836 (Month) (Day) (Year)

7 AGE 80 yrs. mos. ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work at Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Boston

PARENTS

10 NAME OF FATHER John Hewitt

11 BIRTHPLACE OF FATHER (State or country) Boston

12 MAIDEN NAME OF MOTHER Sarah George

13 BIRTHPLACE OF MOTHER (State or country) Dracut Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C R Bennett

(Address) Winthrop Mass

15 Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 12, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from May 11, 1916, to May 12, 1916, that I last saw him alive on May 11, 1916, and that death occurred, on the date stated above, at 2.15 pm

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Influenza

(Duration) yrs. mos. ds.

(Signed) Charles F Mahoney, M.D.

May 13, 1916 (Address) 358 Winthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Winthrop Mass

DATE OF BURIAL 5/14, 1916

20 UNDERTAKER C R Bennett

ADDRESS Winthrop

Sarah E. Lockey
May 12, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchester (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winchester (No. 35 Perkins St.; Ward)

2 FULL NAME George Coleman Soule

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 35 Perkins St Winchester Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

6 DATE OF BIRTH July 12 1838 (Month) (Day) (Year)

7 AGE 77 yrs. 10 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Rockland Mass.

PARENTS

10 NAME OF FATHER Soule

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER Dranna. Reed Keene

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Bennison

(Address) Winchester Mass

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May (Month) 13 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from May 9th, 1916, to May 13th, 1916, that I last saw him alive on May 12, 1916, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis,

Mitral regurgitation

(Duration) 4 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) B. P. Rockwell, M.D.

May 13 1916 (Address) Winchester

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Hanover Mass

DATE OF BURIAL 5/15, 1916

20 UNDERTAKER C. R. Bennison

ADDRESS Winchester

May 13, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

7866

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 35, Perkins St., Ward)

2 FULL NAME Diana Keene Soule
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 35 Perkins, Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Sept 6 1842 (Month) (Day) (Year)

7 AGE: 74 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Duxbury Mass

PARENTS

10 NAME OF FATHER: Peleg Keene

11 BIRTHPLACE OF FATHER (State or country): Marshfield Mass

12 MAIDEN NAME OF MOTHER: Ruth Partridge

13 BIRTHPLACE OF MOTHER (State or country): Marshfield Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): C. R. Bennison
(Address)

15 Filed, 191
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 6, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:
Natural Causes:
Presumbly heart disease -
(Coronary Sclerosis ?) -
(Sudden death)
(Duration) yrs. mos. ds.

Contributory
(SECONDARY)
(Duration) yrs. mos. ds.

(Signed) Geo. Burgess Magoun, M.D.
May 6, 1916 (Address)
11.20 P.M.

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Hanover Mass
DATE OF BURIAL: 5/16, 1916

20 UNDERTAKER: C. R. Bennison
ADDRESS: Winthrop

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

May 14, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 83 River Road St.; Ward)

2 FULL NAME Fanny Pazzie Tufts
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 83 River Road Winthrop Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown (Month) (Day), 1 (Year)

7 AGE: Probably 52 Years yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Paper Stock

9 BIRTHPLACE (State or country): Bangor Me

PARENTS

10 NAME OF FATHER: John Wheeler Tufts

11 BIRTHPLACE OF FATHER (State or country): Dedham Mass

12 MAIDEN NAME OF MOTHER: Harriett Sylvester

13 BIRTHPLACE OF MOTHER (State or country): Woodgewalk Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Margaret K. Tufts (wife) deceased
(Address) 83 River Rd

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 15 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from June, 1916, to May 15, 1916, that I last saw h[illegible] alive on May 13, 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:
Incontinence

(Duration) yrs. mos. 10 ds.

Contributory (SECONDARY) Carcinoma of Stomach

(Duration) yrs. 7 mos. ds.

(Signed) Henry A. [illegible], M.D.
May 17, 1916 (Address) 200 Pleasant

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Forest Hill Cemetery

DATE OF BURIAL: 5/17, 1916

20 UNDERTAKER: C. R. Robinson

ADDRESS: Winthrop

May 15, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH BLACK INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. Rear 37 Sunnyside Ave Ward)

2 FULL NAME John Richard Pulman

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Rear 37 Sunnyside ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: April 18 (Month) – 1847 (Day), 1 (Year)

7 AGE: 69 yrs. 0 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Clam Digger
(b) General nature of industry, business, or establishment in which employed (or employer): Fisherman

9 BIRTHPLACE (State or country): Charlotte Town P.E.I.

PARENTS

10 NAME OF FATHER: John Pulman

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Jane Bridge

13 BIRTHPLACE OF MOTHER (State or country): Charlotte Town P.E.I.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C R Benson
(Address) Winthrop Mass

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 17 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from May 11th, 1916, to May 17th, 1916, that I last saw him alive on May 17th, 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:
Pneumonia (Lobar)
Arteris sclerosis
Hypertrophy & Delatation of heart
(Duration) yrs. mos. 7 ds.

Contributory (SECONDARY) as above
(Duration) (?) yrs. mos. ds.

(Signed) Horace J Soule M D, M.D.
May 18th, 1916. (Address) 180 Winthrop St. Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery
DATE OF BURIAL: 5/21, 1916

20 UNDERTAKER: C R Benson
ADDRESS: Winthrop

May 17, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~(City or~~ town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass (No. 50 Sagamore ave St.; Ward)

2 FULL NAME Elizabeth Hanson

[If married or divorced woman or widow give maiden name, also name of husband.] wife of Alonzo Hanson

a RESIDENCE 50 Sagamore ave Winthrop ~~Registered~~ No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

6 DATE OF BIRTH Oct 10 1841 (Month) (Day) (Year)

7 AGE 74 yrs. 7 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Searsport Me

PARENTS

10 NAME OF FATHER Ebbin Sawyer

11 BIRTHPLACE OF FATHER (State or country) Searsport

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C R Bunnell

(Address) Winthrop Mass

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 20 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from April 23, 1916, to May 20, 1916, that I last saw her alive on May 16, 1916, and that death occurred, on the date stated above, at 6 25 a.m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

Several (Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Orville E Johnson, M.D.

May 22, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Portland Me

DATE OF BURIAL 5/24, 1916

20 UNDERTAKER C R Bunnell

ADDRESS Winthrop

May 20, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia", (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 187, Lincoln St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Samuel A. Kinney

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 187 ~~Ave~~ Lincoln St. Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: 10 (Month) 31 (Day), 1849 (Year)

[7] AGE: 66 yrs. 6 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Yarmouth N. S.

PARENTS

[10] NAME OF FATHER: James B. Kinney

[11] BIRTHPLACE OF FATHER (State or country): Yarmouth

[12] MAIDEN NAME OF MOTHER: Mary Robbins

[13] BIRTHPLACE OF MOTHER (State or country): Yarmouth

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Sayil A. Kinney

(Address) 187 Lincoln St.

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: May (Month) 20 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from May 1st, 1916, to May 20, 1916, that I last saw him alive on May 20, 1916, and that death occurred, on the date stated above, at 8.50 p.m.

The CAUSE OF DEATH* was as follows:

General asthenia following Chronic Emphysema of Lungs. Wasting

(Duration) ..... yrs. ..... mos. 20 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. Dulaney, M.D.

May 21, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Yarmouth N. S. DATE OF BURIAL: 5-24-, 1916

[20] UNDERTAKER: W. C. Skaggs ADDRESS: Winthrop

May 20, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF BOSTON.

FULL NAME JOHN GRADY

Registered No. 5475

Place of Death and Residence: Boston CITY HOSPT.

Date of Death MAY 20 1916. Age 59 years 10 months 16 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father PATRICK GRADY

Birthplace of Father IRELAND

Maiden Name of Mother -----

Birthplace of Mother IRELAND

Occupation OFFICER(DEER ISLAND)

Informant

Place of Burial or removal MT.BENEDICT

Undertaker J.F.O MALEY WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) AORTIC REGURGITATION - YRS

Contributory (Duration) CHR.INT.NEPHRITIS - YRS

(Signed) E.W.WILSON M.D.

MAY 21 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

ADMITTED TO HOSPT. APR.29.1916

Usual Residence WINTHROP(20 NEPTUNE AV)

Filed MAY 24 1916.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

May 20, 1916

N. B.— Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

7887

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 00, Sagamore Ave. Ward)

[2] FULL NAME Alonzo Hanson

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 00 Sagamore Ave. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX

[4] COLOR OR RACE

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word)

[6] DATE OF BIRTH Aug 20 1839, 1 (Month) (Day) (Year)

[7] AGE 77 yrs. 9 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Sea Captain

[9] BIRTHPLACE (State or country): Maine

PARENTS

[10] NAME OF FATHER: Unknown

[11] BIRTHPLACE OF FATHER (State or country): " "

[12] MAIDEN NAME OF MOTHER: " "

[13] BIRTHPLACE OF MOTHER (State or country): " "

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C R Brennan

(Address) 147 Winthrop St - Winthrop

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH May 21, 1916 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Pistol shot wounds of the chest with resulting shock, suicidal.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leon Burgess Magnett, M.D.

May 21, 1916 (Address) .....

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Portland Me

DATE OF BURIAL: 5/24, 191....

[20] UNDERTAKER: C R Brennan

ADDRESS: Winthrop

May 21, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 31 Hawthorne Ave St.) Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Marilla E. Howard

[If married or divorced woman or widow give maiden name, also name of husband.] Marilla E Brackett Edwin

[a] RESIDENCE 31 Hawthorne Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

[6] DATE OF BIRTH: (Month) (Day), 1 (Year)

[7] AGE: 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Harmon, Me.

PARENTS

[10] NAME OF FATHER: John Brackett

[11] BIRTHPLACE OF FATHER (State or country): Wolfeboro, N. H.

[12] MAIDEN NAME OF MOTHER: Nancy Tibetts

[13] BIRTHPLACE OF MOTHER (State or country): Athens. Maine

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Chas. W. Grant
(Address):

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: May (Month) 22d (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Apr. 11, 1916, to May 22d, 1916, that I last saw her alive on May 22, 1916, and that death occurred, on the date stated above, at 6-20 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis,

Indef. (Duration) yrs. mos. ds.

Contributory (SECONDARY) Acute Nephritis

(Duration) yrs. 1 mos. ds.

(Signed) W. J. Porter, M.D.

May 23d, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Forest Hills, Cem.

DATE OF BURIAL: May 24, 1916

[20] UNDERTAKER: Geo. Sessions Sons Co.

ADDRESS: Worcester

May 22, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

7901

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Winthrop (No. 46 St. Hillside Ave. Ward)

2 FULL NAME Norman Irven Reoch
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 46 Hillside Ave.

Registered No. 19240

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH: 10 (Month) 20 (Day) 1879 (Year)

7 AGE: 35 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Orthodontist
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Phenix R.I.

PARENTS

10 NAME OF FATHER: Robert Reoch

11 BIRTHPLACE OF FATHER (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Helen Stewart

13 BIRTHPLACE OF MOTHER (State or country): Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. N. G. Reoch
(Address) 46 Hillside Ave. Winthrop

15 Filed ....., 191.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 25 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:
Oedema of the Lungs and of the Brain and dilatation of the Heart, due to causes unknown.
(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Sudden death)
(Duration) yrs. mos. ds.

(Signed) Lewis Bangs Magoun, M.D.
May 26, 1916 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Phenix R.I.
DATE OF BURIAL: 5-29, 1916

20 UNDERTAKER: W. C. Skaggs.
ADDRESS: Winthrop

N. B.— Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

May 25, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH BLACKING INK. THIS IS A PERMANENT RECORD.

7921

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH: Winthrop (1) Metcalf Hospital St., Ward)

2 FULL NAME: James McMillan

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE: Revere

Registered No. 19603

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (*Write* the word): Married

6 DATE OF BIRTH: (Month) (Day) 1874 (Year)

7 AGE: 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Belfast Ireland

PARENTS

10 NAME OF FATHER: James McMillan

11 BIRTHPLACE OF FATHER (State or country): Belfast Ireland

12 MAIDEN NAME OF MOTHER: Mary Gardner

13 BIRTHPLACE OF MOTHER (State or country): Belfast Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mr. Ernest C.
(Address): 100 Gardner St. Lynn Mass.

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 3 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Crush of the chest with associated internal haemorrhage - caused by a machine (ice lift) accident

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Leroy Burgess Magnetti, M.D.

June 5 1916 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Pine Grove Cem. Lynn — DATE OF BURIAL: June 7, 1916

20 UNDERTAKER: Jas. M. Hazelden Lynn — ADDRESS: Lynn Mass.

June 3, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-3-'15. 5,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH: Waltham (City or town.) (No. M S F M, St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME: John Kean White
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE: Winthrop

Registered No. 210

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE:

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word):

[6] DATE OF BIRTH: (Month) (Day) (Year)

[7] AGE: 13 yrs. 6 mos. 14 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Winthrop

PARENTS

[10] NAME OF FATHER: James E

[11] BIRTHPLACE OF FATHER (State or country): Gardiner Me

[12] MAIDEN NAME OF MOTHER: Minnie M Kean

[13] BIRTHPLACE OF MOTHER (State or country): Augusta Me

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): School Records
(Address): Winthrop

[15] Filed June 13, 1916 Richard [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: June 3 1916, 191 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from May 31, 1916, to June 3 1916, 191, that I last saw him alive on June 3 1916, 191, and that death occurred, on the date stated above, at 6.15 m.P

The CAUSE OF DEATH* was as follows:
Exhaustion from Epilepsy
(Duration) yrs. mos. ds.

Contributory (SECONDARY): Congenital mental defect
(Duration) yrs. mos. ds.

(Signed) Walter E Fernald, M.D.
June 4, 1916 (Address) Waverley

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 6 yrs. 3 mos. 8 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop
DATE OF BURIAL: -- , 191

[20] UNDERTAKER: George A Clark
ADDRESS: Waltham

June 3, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. ....., ... St.; ..... Ward)

2 FULL NAME Mary Mc Cabe

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Catherine Cottage Revere St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (*Write* the word): Single

6 DATE OF BIRTH: April (Month) 9 (Day), 1911 (Year)

7 AGE: 5 yrs. 2 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Everett.

PARENTS

10 NAME OF FATHER: Joseph J Mc Cabe.

11 BIRTHPLACE OF FATHER (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary E Ward.

13 BIRTHPLACE OF MOTHER (State or country): South Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr Joseph Mc Cabe.

(Address) Catherine Cottage Revere St Winthrop

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 3 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from June 3, 1916, to June 3, 1916, that I last saw h~~e~~ alive on June 3, 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acidosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles F Mahoney, M.D.

June 4, 1916 (Address) 255 Commonwealth Av.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Holy Cross Cem.

DATE OF BURIAL: June 5th 1916

20 UNDERTAKER: F. G. Mc Glinchey

ADDRESS: 583 Bennington

June 3, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 50 Marshal St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Hubert W. Kempton

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 50 Marshal St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE: W

[6] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[5] DATE OF BIRTH: 4 (Month) 1 (Day), 1843 (Year)

[7] AGE: 73 yrs. 2 mos. 8 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Builder
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Nova Scotia

PARENTS

[10] NAME OF FATHER: William Kempton

[11] BIRTHPLACE OF FATHER (State or country): N. S.

[12] MAIDEN NAME OF MOTHER: Sarah Wright

[13] BIRTHPLACE OF MOTHER (State or country): N. S.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. H. W. Kempton
(Address) 50 Marshal St.

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: June (Month) 9th (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from June 8th, 1916, to June 9th, 1916, that I last saw him alive on June 8th, 191..., and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,

Indefinite (Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) W. F. Porter, M.D.
June 10th, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cem. DATE OF BURIAL: 6-11, 1916

[20] UNDERTAKER: W. C. Skaggs ADDRESS: Winthrop

June 9, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Portland (No. ....., ... St.; ..... Ward) ..... (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Pauline Gandelet

[If married or divorced woman or widow give maiden name, also name of husband]

[a] RESIDENCE Winthrop Mass. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Female

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

[6] DATE OF BIRTH Oct 26, 1887 (Month) (Day) (Year)

[7] AGE 28 yrs. 8 mos. 14 ds. If LESS than 1 day ..... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

[9] BIRTHPLACE (State or country) Newton

PARENTS

[10] NAME OF FATHER William E. Gandelet

[11] BIRTHPLACE OF FATHER (State or country) Boston

[12] MAIDEN NAME OF MOTHER Mary A. Wood

[13] BIRTHPLACE OF MOTHER (State or country) Malone N. Y.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miles A. Libby

(Address) West Newton

[15] Filed June 10, 191 Louis M. Kauffman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH June 9, 1916 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from May 11, 1916, to June 9, 191..., that I last saw h..... alive on ....., 191..., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Laryngeal tuberculosis

(Duration) ..... yrs. 8 mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. N. Lapham, M.D.

June 9, 1916 (Address) Portland

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL Newton Cem. Newton

DATE OF BURIAL June 11, 1916

[20] UNDERTAKER R. C. Prescott

ADDRESS Portland

June 9, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

CHELSEA
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH
Chelsea, Mass. (No. Naval Hospital St.; Ward)

[2] FULL NAME Ruth McIlhiney
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 158 Circuit Rd. Winthrop, Mass.

Registered No. 281

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Fem. l.

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: Sept. 24, 1897 (Month) (Day) (Year)

[7] AGE: 24 yrs. 8 mos. 15 ds.
If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Jersey City, N.J.

PARENTS

[10] NAME OF FATHER: James McIlhiney

[11] BIRTHPLACE OF FATHER (State or country): Jersey City, N.J.

[12] MAIDEN NAME OF MOTHER: Martha ------

[13] BIRTHPLACE OF MOTHER (State or country): Jersey City, N.J.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Ionell
(Address) Winthrop

[15] Filed June 9, 1916 Geo. H. Bird REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: June 9, 1916 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Apr. 8, 1916, to June 9, 1916, that I last saw her alive on " 9, 1916, and that death occurred, on the date stated above, at 8.20 a.m.

The CAUSE OF DEATH* was as follows:

Pro ith late Coitre

(Duration) — yrs. 9 mos. -- ds.

Contributory (SECONDARY) ----
(Duration) — yrs. — mos. — ds.

(Signed) H. E. Brugon, M.D.
June 9, 1916 (Address) 7 Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death — yrs. — mos. — ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? --------
Former or usual residence -----

[19] PLACE OF BURIAL OR REMOVAL: Winthrop, Mass.
DATE OF BURIAL: June 9, 1916

[20] UNDERTAKER: H. A. Brown & Son
ADDRESS: Boston

June 9, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 18. 3-'16. 10,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 184 Woodside Ave St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Francis H. Pike

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 184 Woodside Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Male

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widower

[6] DATE OF BIRTH July (Month) 2 (Day), 1835 (Year)

[7] AGE 80 yrs. 11 mos. 5 ds. If LESS than 1 day ..... hrs. or ..... min.?

[8] OCCUPATION (a) Trade, profession, or particular kind of work: Furniture Dealer Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country) Cornish Me

PARENTS

[10] NAME OF FATHER Noah Pike

[11] BIRTHPLACE OF FATHER (State or country) Unknown

[12] MAIDEN NAME OF MOTHER Betsey Brown

[13] BIRTHPLACE OF MOTHER (State or country) North Berwick

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Pike (Daughter)

(Address) 184 Woodside Ave

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH June (Month) 19 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Jan. 13, 1916, to June 19, 1916, that I last saw him alive on June 4, 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
this was the 3d time

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY) Arteriosclerosis

(Durstion) ..... yrs. ..... mos. ..... ds.

(Signed) D. D. Valchrajian, M.D.

June 14, 1916. (Address) 5 Bickford Ste

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Salem Harmony Grove

DATE OF BURIAL June 16 1916

[20] UNDERTAKER C. H. Farmer

ADDRESS Chelsea

June 12, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF BOSTON.

FULL NAME JOSEPHINE POWERS

Registered No. 6347

Place of Death and Residence: Boston MABELMD.ORDWAY HOSP.

Date of Death JUNE 16 1916. Age & 71 years 10 months 18 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	WIDOW

Maiden Name: WOODWARD

Husband's Name: JOHN POWERS

Birthplace: BOSTON MASS.

Name of Father: SAMUEL WOODWARD

Birthplace of Father: -----

Maiden Name of Mother: BETSEY CUMMINGS

Birthplace of Mother: -----

Occupation: AT HOME

Informant:

Place of Burial or removal: (CEDAR GROVE) BOSTON

Undertaker: C.F.BROWN BOSTON

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): CEREBRAL HEMMORRHAGE

Contributory (Duration): CARDIO-RENAL DISEASE

(Signed) MABEL D.ORDWAY M.D.

JUNE 16 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence: WINTHROP(17 PAULINE ST.)

Filed JUNE 20 1916.

A true copy. Attest: E W M Glenen

Registrar.

CITY REGISTRARS OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

June 16, 1916

[12-'15-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. Bay View ave St. Ward)

2 FULL NAME Carrie L Barnes
[If married or divorced woman or widow give maiden name, also name of husband.] Wm J. Burnes widow Welch

a RESIDENCE 66 Leonard ave Belmont Mass. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE,~~ ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ (*Write* the word): widow

6 DATE OF BIRTH: June (Month) 17 (Day), 1916 (Year)

7 AGE: 68 yrs. 2 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Wakefield N. H

PARENTS

10 NAME OF FATHER: John Welch

11 BIRTHPLACE OF FATHER (State or country): Wakefield N. H

12 MAIDEN NAME OF MOTHER: Margaretta Stewart

13 BIRTHPLACE OF MOTHER (State or country): Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs R. E. J. Bush
(Address) 66 Leonard St. Belmont Mass

15 Filed ....., 191.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 17 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from June 10, 1916, to June 17, 1916, that I last saw her alive on June 17, 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pleura pneumonia

Did a surgical operation precede death? Date

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (SECONDARY) Arteri-sclerosis

In dep. (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Porter, M.D.

June 17, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Forest Hills

DATE OF BURIAL: June 21, 1916

20 UNDERTAKER: J. F. Montmarquet Son

ADDRESS: Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

June 18, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 250, Shore Drive St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Blanche Williams

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 250 Winthrop Shore Drive Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Female

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

[6] DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

[7] AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 3 hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Winthrop Mass

PARENTS

[10] NAME OF FATHER Lewis H. Williams

[11] BIRTHPLACE OF FATHER (State or country) N. Scotia —

[12] MAIDEN NAME OF MOTHER Elizabeth Carroll

[13] BIRTHPLACE OF MOTHER (State or country) Hamilton Mass

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C R Bennison

(Address) Winthrop Mass

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH June (Month) 18 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from June 18, 1916, to June 18, 1916, that I last saw her alive on June 18, 1916, and that death occurred, on the date stated above, at 2 14 m.

The CAUSE OF DEATH* was as follows:

Hemorrhage Neonatorum

" from Abdominal Cord

(Duration) ..... yrs. ..... mos. 3 hrs ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B J Mitchell, M.D.

June 20, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cemetery

DATE OF BURIAL June 22, 1916

[20] UNDERTAKER C. R. Bennison

ADDRESS Winthrop

June 18, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[12-'15-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~ (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH: Winthrop Mass (No. 147 Main St.; Ward)

2 FULL NAME: Mary E. Callahan

[If married or divorced woman or widow give maiden name, also name of husband.] Freestone-Cornelius Callahan

a RESIDENCE: 3 Southwood St. Boston Mass. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widow

6 DATE OF BIRTH: unknown (Month) (Day) 1 (Year)

7 AGE: 49 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of Industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Boston Mass

PARENTS

10 NAME OF FATHER: Charles Freestone

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary McCarthy

13 BIRTHPLACE OF MOTHER (State or country): Ireland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John P. Richard
(Address) 147 Main St.

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 19 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from June 18, 1916, to June 19, 1916, that I last saw her alive on June 19, 1916, and that death occurred, on the date stated above, at 8.30 P.m.

The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis
Chronic myocarditis.

Did a surgical operation precede death? No Date —

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) R. B. Parker, M.D.

June 20, 1916 (Address) 147 Winthrop St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Calvary Holy Hood Cemetery Boston — DATE OF BURIAL: June 22, 1916

20 UNDERTAKER: W. H. Graham — ADDRESS: Boston Mass

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

8 June 19, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop Mass (No. 63 Waldemar Ave St., Ward)

[2] FULL NAME Matilda Robina William Black

[If married or divorced woman or widow give maiden name, also name of husband.] Harry A. Black

[a] RESIDENCE 63 Waldemar Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widow

[6] DATE OF BIRTH: (Month) (Day) 1 (Year)

[7] AGE: 69 yrs. mos. ds. If LESS than 1 day hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): —

[9] BIRTHPLACE (State or country): St John N.B.

PARENTS

[10] NAME OF FATHER: Geo Williams

[11] BIRTHPLACE OF FATHER (State or country): St Johns N.B.

[12] MAIDEN NAME OF MOTHER: Elizabeth Stockford

[13] BIRTHPLACE OF MOTHER (State or country): St Johns N.B

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C R Bennett
(Address) Winthrop Mass

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: June (Month) 22 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from 1915, 191, to June 22, 1916, that I last saw her alive on June 22, 1916, and that death occurred, on the date stated above, at 10 45 A m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
General Arterio Sclerosis

(Duration) 1 yrs. 1 mos. ds.

Contributory (SECONDARY): (Duration) yrs. mos. ds.

(Signed) B L Dudley, M.D.
June 24, 1916 (Address): Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop
DATE OF BURIAL: June 25, 1916

[20] UNDERTAKER: C R Bennett
ADDRESS: Winthrop

June 22, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass (No. 41 Wave Way Ave St.; Ward)

2 FULL NAME Mary Isabella Kenney

[If married or divorced woman ~~or widow~~ give maiden name, also name of husband.] widow of Joseph B. Maiden name McCully

3 RESIDENCE 41 Wave Way Ave Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Oct 26 1849 (Month) (Day) (Year)

7 AGE: 66 yrs. 7 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Middletown N. Y.

PARENTS

10 NAME OF FATHER: Thos McCully

11 BIRTHPLACE OF FATHER (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Mary Temple

13 BIRTHPLACE OF MOTHER (State or country): Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eleanor E. Dearborn

(Address) 41 Wave Way Winthrop Mass

15 Filed ..... 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 23d, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from June 23d, 1916, to June 23, 1916, that I last saw her alive on June 23, 1916, and that death occurred, on the date stated above, at 7-45 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

Contributory (SECONDARY) Arterio-sclerosis

(Duration) yrs. mos. ds.

(Signed) W. J. Porter, M.D.

June 24, 1916 (Address) Winthrop.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenwood Cemetery Brooklyn N. Y.

DATE OF BURIAL: June 27, 1916

20 UNDERTAKER: C R Bennison

ADDRESS: Winthrop

June 23, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Medical Hospital (No. ..... St.; ..... Ward)

2 FULL NAME Antonio L. Pinto
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 46 Newkirkbury

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Jan 30 1851 (Month) (Day) (Year)

7 AGE: 58 yrs. 5 mos. 26 ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): St Mary's Island Azores

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): " "

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (State or country): " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. R. Benson
(Address) Winthrop Mass

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 26, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from 1914, 191..., to June 26, 1916, that I last saw him alive on June 26, 1916, and that death occurred, on the date stated above, at 11 p.m.

The CAUSE OF DEATH* was as follows:
General arteriosclerosis
Mitral regurgitation
Myocarditis
(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. Pinkerton, M.D.
June 28, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? 46 Newkirkbury St. Winthrop
Former or usual residence 46 Newkirkbury St. Winthrop

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery
DATE OF BURIAL: 6/29, 1916

20 UNDERTAKER: C. R. Benson
ADDRESS: Winthrop

June 26, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

REVERE
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH
Revere (No. 80, Florence Ave. St.; Ward)

[2] FULL NAME Margaret M. Morrison
[If married or divorced woman or widow give maiden name, also name of husband.] (Unknown) George E. Morrison

[a] RESIDENCE Winthrop, Mass.

Registered No. 158

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female
[4] COLOR OR RACE: White
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Wid.

[6] DATE OF BIRTH ..... (Month) ..... (Day) ....., 1..... (Year)

[7] AGE 94 yrs. 7 mos. 12 ds.
If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Edinborough, Scotland

PARENTS
[10] NAME OF FATHER: Unknown
[11] BIRTHPLACE OF FATHER (State or country): Edinborough, Scotland
[12] MAIDEN NAME OF MOTHER: Unknown
[13] BIRTHPLACE OF MOTHER (State or country): Edinborough, Scotland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. Morrison
(Address) Revere

[15] Filed June 30 1916 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH June 27 (Month) (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Feb. 7, 1916 to June 27, 1916, that I last saw her alive on June 27, 1916, and that death occurred, on the date stated above, at 9:30 A.m.

The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis
Chronic myocarditis
(Duration) 3 yrs. ..... mos. ..... ds.
Contributory (SECONDARY) Arterio Sclerosis
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. B. Parker, M.D.
June 27 1916 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Walnut St. Cem., Brookline
DATE OF BURIAL: 6/29 1916

[20] UNDERTAKER: C. H. Faunce
ADDRESS: Chelsea

June 27, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

CHELSEA
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH
Chelsea, Mass. (No. Frost Hospital St.; Ward)

[2] FULL NAME Emma F. Tuttle
[If married or divorced woman or widow give maiden name, also name of husband.]
[a] RESIDENCE 29 Thornton Pk. Winthrop, Mass.

Registered No. 423

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female
[4] COLOR OR RACE: White
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: Jan. 16, (Month) (Day) 1857 (Year)

[7] AGE: 59 yrs. 4 mos. 21 ds.
If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Tewksbury, Mass.

PARENTS
[10] NAME OF FATHER: George S.
[11] BIRTHPLACE OF FATHER (State or country): Eppingham, N.H.
[12] MAIDEN NAME OF MOTHER: Hannah S. Ambrose
[13] BIRTHPLACE OF MOTHER (State or country): Ossipee, N. H.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. R. Bennison
(Address) Winthrop, Mass.

[15] Filed June 30 1916 Geo. H. Dunham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: June 28, (Month) 1916. (Day), 191 (Year)

[17] I HEREBY CERTIFY that I attended deceased from April 18, 1916, to June 28, 1916, that I last saw her alive on " 28, 1916, and that death occurred, on the date stated above, at 9.25 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of Liver multiple
abdominal cancers
(Duration) 4 yrs. - mos. - ds.

Contributory (Secondary) Anasarca & valvular heart disease (Duration) - yrs. 3 mos. - ds.

(Signed) O. E. Johnson, M.D.
June 28, 1916 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? ----
Former or usual residence ----

[19] PLACE OF BURIAL OR REMOVAL: Bath, Me.
DATE OF BURIAL: July 2, 1916

[20] UNDERTAKER: C. R. Bennison
ADDRESS: Winthrop

Jun 20, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 18. 3-'16. 10,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF BOSTON.

FULL NAME MARY J. SHALLOW

Registered No. 6812

Place of Death and Residence: Boston CHILDRENS HOSPT.

Date of Death JULY 1 1916. Age 1 years 9 months 22 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	S

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father MAURICE J.SHALLOW

Birthplace of Father CAMBRIDGE

Maiden Name of Mother MARY V.DONAHUE

Birthplace of Mother BOSTON

Occupation ----

Informant

Place of Burial or removal ST.JOSEPHS

Undertaker P.J.MC ARDLE

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): SARCOMA NECK -1 YR. OPR.JUNE 30.1916

Contributory (Duration): PULM.EMBOLUS

(Signed) W.E.LADD M.D.
H.GREEN

JULY 1 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(54 LOCUST ST)

Filed JULY 5 1916.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

8 J
July 1, 1916

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. Rear 414 Shirley St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME (Alleyn)

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 414 Shirley St Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Female

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

[6] DATE OF BIRTH July 1, 1 (Month) (Day) (Year)

[7] AGE ___ yrs. ___ mos. ___ ds. If LESS than 1 day, ___ hrs. or ___ min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Working

(b) General nature of industry, business, or establishment in which employed (or employer) Working

[9] BIRTHPLACE (State or country) Winthrop

PARENTS

[10] NAME OF FATHER Joseph. N.

[11] BIRTHPLACE OF FATHER (State or country) Barbadoes. Island

[12] MAIDEN NAME OF MOTHER Mary Johnson

[13] BIRTHPLACE OF MOTHER (State or country) Barbadoes Island

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Bennison

(Address) Winthrop Mass

[15] Filed ___, 191 ___ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH July (Month) 1 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from July 1st, 1916 to July 1, 1916, that I last saw him alive on July 1, 1916, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) ___

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) M. L. Porter, M.D.

July 2, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, If not at place of death? ___

Former or usual residence ___

[19] PLACE OF BURIAL OR REMOVAL Winthrop

DATE OF BURIAL 7/3, 1916

[20] UNDERTAKER C. R. Bennison

ADDRESS Winthrop

July 1, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF **BOSTON.**

FULL NAME LEO MOSES

Registered No. 6857

Place of Death and Residence: Boston PETER BENT BRIGHAM HOSPT.

Date of Death JULY 2 1916. Age 39 years 4 months 12 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	MAR.

Maiden Name

Husband's Name

Birthplace HOLLAND

Name of Father AHREN MOSES

Birthplace of Father HOLLAND

Maiden Name of Mother JULIANA BANDUCA

Birthplace of Mother HOLLAND

Occupation CIGARMAKER

Informant

Place of Burial or removal MELROSE(NETHERLANDS CEM)

Undertaker M.SOLOMON

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) ANEURYSM ABDOMINAL AORTA

Contributory (Duration) ULCERATION-& PERF.THROUGH DUODENUM WITH HEMORRHAGE - 32 DYS

(Signed) G.H. STONE M.D.

JULY 3 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.7 DAYS

Usual Residence WINTHROP(7 SEAFOAM AVE)

Filed JULY 6 1916.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA 1630 BOSTON, MASS.

July 2, 1916

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 145 ~~Winthrop~~ Somerset Ave St.; ..... Ward) ..... (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Lydia Jane Smith

[If married or divorced woman or widow give maiden name, also name of husband.] Widow of Chas. W. Smith

[a] RESIDENCE 145 ~~Winthrop St~~ Somerset Ave Maiden Name L. J. Thompson Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Female

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widow

[6] DATE OF BIRTH Dec 29, 1 (Month) (Day) (Year)

[7] AGE 79 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

[9] BIRTHPLACE (State or country) Waterborough Me

PARENTS

[10] NAME OF FATHER Nathan Thompson

[11] BIRTHPLACE OF FATHER (State or country) Waterborough Me

[12] MAIDEN NAME OF MOTHER Unknown

[13] BIRTHPLACE OF MOTHER (State or country) Unknown

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C R Benson

(Address) Winthrop Mass

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH July (Month) 2nd (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from June, 1916, to July 2nd, 1916, that I last saw her alive on July 2nd, 1916, and that death occurred, on the date stated above, at 10.25 AM

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B D Retcell, M.D.

July 3d, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL Newfield Me

DATE OF BURIAL July 4, 1916

[20] UNDERTAKER C R Benson

ADDRESS Winthrop

July 2, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[12-15-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop 292 Winthrop St.; Ward)

2 FULL NAME Daniel J. Sweeney

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 292 Winthrop St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widowed

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 82 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Tenant Officer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9 BIRTHPLACE (State or country): Boston Mass

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Sweeney

(Address) 43 Corey St Everett

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 4th (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from July 3, 191.., to July 4, 1916, that I last saw h.. alive on July .., 1916, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Did a surgical operation precede death? Date

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry [illegible], M.D.

July 7, 1916 (Address) 100 Pleasant

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Holy Cross Malden

DATE OF BURIAL: July 6, 1916

20 UNDERTAKER: Fred A. Magrath

ADDRESS: East Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

July 4, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.; *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congonital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

8008

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 56, Sea View St., Ward)

2 FULL NAME Estelle Gertrude Boner
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Philadelphia, Pa

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: 1 (Month) 20 (Day), 1860 (Year)

7 AGE: 56 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Mystic Conn.

PARENTS

10 NAME OF FATHER: Steven Dennison

11 BIRTHPLACE OF FATHER (State or country): Mystic Conn

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Mystic Conn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Boner
(Address) 56 Sea View Ave.

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 5 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:
Acute Oedema of the Lungs plus possible asphyxia, incidental to a convulsion presumably due to cardio-renal disease (Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Leroy Burgess Reynolds, M.D.
July 5, 1916 (Address)
MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Philadelphia
DATE OF BURIAL: 7-7-, 1916

20 UNDERTAKER: H. C. Skaggs
ADDRESS: Winthrop

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

July 5, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Westboro (City or town.)

[1] PLACE OF DEATH

State Hospital (No. Westboro St., Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Charles E. Linn e

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE Winthrop Mass.

Registered No. 116

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX M.

[4] COLOR OR RACE W.

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) M.

[6] DATE OF BIRTH Aug. (Month) 8 (Day) 1865 (Year)

[7] AGE 50 yrs. 10 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Architect & Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) -----

[9] BIRTHPLACE (State or country) Albany N.Y.

PARENTS

[10] NAME OF FATHER Frances E. Linne

[11] BIRTHPLACE OF FATHER (State or country) Albany N.Y.

[12] MAIDEN NAME OF MOTHER Jane H. Godwin

[13] BIRTHPLACE OF MOTHER (State or country) N.Y.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hospital Records

(Address) Westboro

[15] Filed July 7, 191 6 G. A. Perry asst. (REGISTRAR)

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH July (Month) 6 (Day), 191 6 (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

General Paresis

(Duration) 10 yrs. — mos. — ds.

Contributory (SECONDARY) -----

(Duration) — yrs. — mos. — ds.

(Signed) Charles S. Wright, M.D.

July 6, 191 6 (Address) Westboro

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 2 mos. — ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Winthrop Mass.

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cem.

DATE OF BURIAL July 9, 191 6

[20] UNDERTAKER W. C. Skaggs

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Winthrop (No. 36 Villa ave St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Catherine S. Mortimer

[If married or divorced woman or widow give maiden name, also name of husband.] wife of Henry Mortimer

a RESIDENCE 36 Villa ave Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word) Married

6 DATE OF BIRTH Feb 25 1844 (Month) (Day) (Year)

7 AGE 69 yrs. 4 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) England

PARENTS

10 NAME OF FATHER David Barrister

11 BIRTHPLACE OF FATHER (State or country) England

12 MAIDEN NAME OF MOTHER Catherine Wilcox

13 BIRTHPLACE OF MOTHER (State or country) England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E R Bennett

(Address) Winthrop

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 7 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from March 5, 1916, to July 7, 1916, that I last saw her alive on July 7, 1916, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. 4 mos. ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) 5 yrs. mos. ds.

(Signed) R. B. Perkins, M.D.

July 8, 1916. (Address) Winthrop Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Winthrop Cemetery DATE OF BURIAL 7/9, 1916

20 UNDERTAKER E. R. Bennett ADDRESS Winthrop

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

July 7, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[12-'15-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~ (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 27 Trident ave St.; Ward)

2 FULL NAME Leah Mary Davidson

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 27 Trident ave. Registered No.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

6 DATE OF BIRTH: Jan 4th (Month) (Day), 1910 (Year)

7 AGE: yrs. 6 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Chelsea

PARENTS

10 NAME OF FATHER: Alfred Davidson

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Fannie Newton

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Father
(Address) 27 Trident ave

15 Filed ____, 191__ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) Ninth (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Apr, 1916, to July 9, 1916, that I last saw her alive on July 9, 1916, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

Did a surgical operation precede death? No Date

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Inanition

(Duration) yrs. 2 mos. ds.

(Signed) Alfred Davidson, M.D.
July 9, 1916 (Address) Chelsea

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woburn Beth Joseph — DATE OF BURIAL: July 9, 1916

20 UNDERTAKER: Jacob Stanetsky — ADDRESS

July 9, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH ~~Winthrop~~ (No. 35 Willow ave St.; Ward)

2 FULL NAME Henry Howard Wellington

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 35 Willow ave Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

8 DATE OF BIRTH Sept 14 1870 (Month) (Day) (Year)

7 AGE 45 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

6 OCCUPATION

(a) Trade, profession, or particular kind of work Restaurant

(b) General nature of industry, business, or establishment in which employed (or employer) Owner

9 BIRTHPLACE (State or country) Newton Mass

PARENTS

10 NAME OF FATHER James W.

11 BIRTHPLACE OF FATHER (State or country) Brighton

12 MAIDEN NAME OF MOTHER Mary Gately

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Bennett

(Address) Winthrop

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 12, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from July 6th, 1916, to July 12, 1916, that I last saw he alive on July 12, 1916, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Paresis Syphilitic Nephritis

Indef. (Duration) yrs. mos. ds.

Contributory (SECONDARY) Organic Heart Disease

Indef. (Duration) yrs. mos. ds.

(Signed) W. L. Porter, M.D.

July 13, 1916. (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL ~~OR REMOVAL~~ Winthrop Cemetery

DATE OF BURIAL 7/14, 1916

20 UNDERTAKER C. R. Bennett

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[12-15-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrops
~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrops (No. 431, Winthrops St.; Ward)

2 FULL NAME Baby Gordon

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 431 Winthrops St

Registered No.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

6 DATE OF BIRTH: July (Month) 13 (Day), 1916 (Year)

7 AGE: ....yrs. ....mos. ....ds.

If LESS than 1 day ....hrs. or 30 min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Winthrops

PARENTS

10 NAME OF FATHER: David Gordon

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rachel Yodelmon

13 BIRTHPLACE OF MOTHER (State or country): Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Father

(Address) 431 Winthrops St

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 13 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from July 13, 1916, to July 13, 1916, that I last saw her alive on July 13, 1916, and that death occurred, on the date stated above, at 8 00 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Did a surgical operation precede death? — Date

(Duration) — yrs. — mos. ....ds.

Contributory (SECONDARY) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Finkelstein, M.D.

July 14, 1916. (Address) 342 Hanover St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Joseph Woburn Beth

DATE OF BURIAL: July 14, 1916

20 UNDERTAKER: Jacob Stanetsky

ADDRESS

July 13, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF **BOSTON.**

FULL NAME EDWARD GAFFNEY

Registered No. 7198

Place of Death and Residence: Boston CITY HOSPT.

Date of Death JULY 14 1916. Age 46 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace FALL RIVER

Name of Father PATRICK GAFFNEY

Birthplace of Father IRELAND

Maiden Name of Mother ELIZA KELLY

Birthplace of Mother IRELAND

Occupation SUPT.BUILDINGS

Informant

Place of Burial or removal ST.JOSEPHS CEM.

Undertaker J.F. O MALEY

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) CERE.HEMORRHAGE - WEEKS

Contributory (Duration) PULM.OEDEMA - DAYS

(Signed) W.T.GARFIELD M.D.

JULY 14 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

ADMITTED TO HOSPT.JULY 10

Usual Residence WINTHROP(46 DOLPHIN AVE)

Filed JULY 18 1916.

A true copy. Attest: E W M Glennon

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

July 14, 1916

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF **BOSTON.**

FULL NAME WILLIAM BARTER

Registered No. 7307

Place of Death and Residence } Boston CARNEY HOSPT.

Date of Death JULY 17 1916. Age 13 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father WILLIAM J.BARTER

Birthplace of Father BOSTON

Maiden Name of Mother CATHERINE G.HEALEY

Birthplace of Mother BOSTON

Occupation -----

Informant

Place of Burial or removal CALVARY

Undertaker J.C.GALLIVAN

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) } GENERAL PERITONITIS -OPR.
JULY 16.1916 - DAYS

Contributory (Duration) } RUPTURED APPENDIX-DAYS

(Signed) R.A.ROCHFORD M.D.

JULY 15 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(24 BEAL ST)

Filed JULY 20 1916.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRARS OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

July 17, 1916

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass. (No. 143 Court Road St.; Ward)

2 FULL NAME Louisa J. Early.
[If married or divorced woman or widow give maiden name, also name of husband.] (Louisa J. Stanton) widow of Joseph E. Early.

a RESIDENCE 143 Court Road Winthrop Mass. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: X (Month) X (Day) 1831 (Year)

7 AGE: 85 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of Industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Azore Islands

PARENTS

10 NAME OF FATHER: —

11 BIRTHPLACE OF FATHER (State or country): Azore Islands

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (State or country): Azore Islands

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Joseph E. Early
(Address) 143 Court Road Winthrop

15 Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 19 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from July 17, 1916, to July 19, 1916, that I last saw h. alive on July 18, 1916, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:
Myocarditis
Pleuritis
Lobar pneumonia
(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) ...
(Duration) ... yrs. ... mos. ... ds.

(Signed) Charles F. Mahoney, M.D.
July 9, 1916. (Address) 356 Winthrop St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Oak Hill Gloucester Mass. DATE OF BURIAL: July 21, 1916.

20 UNDERTAKER: James E. Greely ADDRESS: Gloucester Mass.

July 19, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF **BOSTON.**

FULL NAME BESSIE WEINER

Registered No. 7345

Place of Death and Residence: MASS.GEN.HOSPT. Boston

Date of Death JULY 20 1916. Age 32 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	M

Maiden Name: KAPLAN

Husband's Name: LOUIS WEINER

Birthplace: RUSSIA

Name of Father: JOSEPH KAPLAN

Birthplace of Father: RUSSIA

Maiden Name of Mother: GOLDIE -----

Birthplace of Mother: RUSSIA

Occupation: HOUSEWIFE

Informant:

Place of Burial or removal: WOBURN(CHELSEA CEM.)

Undertaker: J.STANETSKY

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): CHOLELITHIASIS . DAYS

OPR.JULY 19.1916

Contributory (Duration): EMPYEMA OF GALL BLADDER -DAYS

(Signed) H.W.HERSEY M.D.

JULY 20 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT. 1 DAY

Usual Residence: WINTHROP(16 SEA FOAM AVE)

Filed JULY 22 1916.

A true copy. Attest: E W M Glenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

July 20, 1916

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 81, Plummer ave. St.; Ward)

2 FULL NAME Regina J. Boardman

[If married or divorced woman or widow give maiden name, also name of husband.] Boardman Peleg P.

4 RESIDENCE Winthrop - 81 Plummer Ave -

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: 12 (Month) 6 (Day) 1834 (Year)

7 AGE: 81 yrs. 7 mos. 15 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Isles Boro, Me.

PARENTS

10 NAME OF FATHER: Henry C. Boardman

11 BIRTHPLACE OF FATHER (State or country): Isles Boro, Me.

12 MAIDEN NAME OF MOTHER: Catherine Sprague

13 BIRTHPLACE OF MOTHER (State or country): Shore Town R. I.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. E. A. Madden.

(Address) 81 Plummer Ave.

15 Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 20 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from March 20, 1915, to July 20, 1916, that I last saw her alive on July 20, 1916, and that death occurred, on the date stated above, at 6.10 p.m.

The CAUSE OF DEATH* was as follows:

Old age

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo H Vincent, M.D.

July 21, 1916 (Address) 342 Broadway Somerville Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Isleboro, Me. — DATE OF BURIAL: 7-24, 1916.

20 UNDERTAKER: W. C. Skaggs — ADDRESS: Winthrop

July 20, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop Mass (No. 6 Jefferson St. St.; Ward)

2 FULL NAME Charles Albert Young
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

6 DATE OF BIRTH: Sept 22 1841 (Month) (Day) (Year)

7 AGE: 74 yrs. 10 mos. 4 ds.
If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Barrington N. H.

PARENTS

10 NAME OF FATHER: William H. Young

11 BIRTHPLACE OF FATHER (State or country): Barrington N. H.

12 MAIDEN NAME OF MOTHER: Sarah Daniels

13 BIRTHPLACE OF MOTHER (State or country): Barrington N. H.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): C R Bennum
(Address): Winthrop Mass

15 Filed ....., 191.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 26 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from July 20, 1916, to July 26, 1916, that I last saw him alive on July 26, 1916, and that death occurred, on the date stated above, at 9.30 A.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of sigmoid flexure.

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C H Melcalf, M.D.
July 27, 1916 (Address) Winthrop

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Forest Hill Boston
DATE OF BURIAL: July 28, 1916

20 UNDERTAKER: C R Bennum
ADDRESS: Winthrop

July 26, 1910

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

8070

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 49, Lewis Ave., St., Ward)

[2] FULL NAME Nicholas Fitzgerald

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 49 Lewis Ave., Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH (Month) (Day) (Year)

[7] AGE: "70" yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Ireland

PARENTS

[10] NAME OF FATHER: James Fitzgerald

[11] BIRTHPLACE OF FATHER (State or country): Ireland

[12] MAIDEN NAME OF MOTHER: Mary Ling

[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Hannigan Fitzgerald

(Address) 13 Putnam St.

[15] Filed, 191 Charlestown, Mass.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: July (Month) 30 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes:
Cardio-renal disease
(Sudden death)

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Leon Burgess Magrath, M.D.

July 31, 1916 (Address)

12:30 am

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Holy Cross, Malden

DATE OF BURIAL: Aug. 1, 1916

[20] UNDERTAKER: Timothy Callahan

ADDRESS: Boston, Mass.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

July 30, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop (No. 16 Bowdoin St. St.; Ward)

2 FULL NAME John J. McCarthy

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 16 Bowdoin St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

6 DATE OF BIRTH: (Month) (Day) (Year)

7 AGE: 53 yrs. - mos. - ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Sexton

(b) General nature of industry, business, or establishment in which employed (or employer): Church

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: John McCarthy

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie McCarthy

(Address) 16 Bowdoin St.

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 31 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from July, 1915, to July 31, 1916, that I last saw him alive on June 1, 1916 and that death occurred, on the date stated above, at 11 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) C F Mahoney, M.D.

Aug 1, 1916 (Address) 356 Winthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: Aug 2, 1916

20 UNDERTAKER: John F. O'Maley

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winth
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH
Winthrop (No. 25 Taylor St. St.; Ward)

[2] FULL NAME Nora Ferrins
[If married or divorced woman or widow give maiden name, also name of husband.]
[a] RESIDENCE 25 Taylor St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

[7] AGE 23 yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

[9] BIRTHPLACE (State or country): Ireland

PARENTS

[10] NAME OF FATHER: James Ferrins

[11] BIRTHPLACE OF FATHER (State or country): Ireland

[12] MAIDEN NAME OF MOTHER: Catherine Grady

[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Owen Flannery
(Address) 25 Taylor St.

[15] Filed ....., 191..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH August (Month) 2 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from May 21, 1916, to Aug 2, 1916, that I last saw her alive on Aug 1, 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:
Poliioencephalitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry A Kelly M.D.
Aug 3, 1916 (Address) 200 Pleasant

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: St. Patricks Watertown
DATE OF BURIAL: Aug 5 19 16, 191.....

[20] UNDERTAKER: John F. O'Maley
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH 1916.

CITY OF **BOSTON.**

FULL NAME RICHARD WILCOX

Registered No. 7697

Place of Death and Residence: Boston BAY STATE HOSPT.

Date of Death AUG.2 1916. Age 35 years 1 months 11 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father JOHN WILCOX

Birthplace of Father ENGLAND

Maiden Name of Mother JANE MILBANK

Birthplace of Mother IRELAND

Occupation PRINTER

Informant

Place of Burial or removal CEDAR GROVE

Undertaker R.& E.F.GLEASON

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) MENINGITIS -FROM ACUTE EAR 2 DYS (OPR.JULY 31.1916)

Contributory (Duration) AC.ABSCESS IN EAR - 16 DYS

(Signed) L.E.WHITE M.D.

AUG.2 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP (87 SHORE DRIVE)

Filed AUG.4 1916.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Aug. 2, 1916

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 51 Palmyra St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Evelyn L. Doane

[If married or divorced woman or widow give maiden name, also name of husband.] Sawyer - S. A. Doane

[a] RESIDENCE 51 Palmyra St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: F

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH: 1 (Month) 26 (Day), 1877 (Year)

[7] AGE: 37 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

[9] BIRTHPLACE (State or country): Wales. Me.

PARENTS

[10] NAME OF FATHER: Joseph Sawyer

[11] BIRTHPLACE OF FATHER (State or country): Durham Me

[12] MAIDEN NAME OF MOTHER: Fannie E. Bangs

[13] BIRTHPLACE OF MOTHER (State or country): Maine

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel A. Doane

(Address) 51 Palmyra St

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Aug (Month) 2 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from May 11, 1916, to Aug 2, 1916, that I last saw her alive on Aug 2, 1916, and that death occurred, on the date stated above, at 9.30 A.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Brain (true)

(Duration) ..... yrs. 4+ mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) RB Parker, M.D.

Aug 3, 1916 (Address) Winthrop Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cemt

DATE OF BURIAL: Aug 4, 1916

[20] UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

Winthrop.

~~BOSTON~~ (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH 39 Seafoam (No.) Ave Winthrop (St.) Mass (Ward)

2 FULL NAME Owen McGillen

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 161 Cypress St Brookline Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mal

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Unknown (Month) (Day) (Year)

7 AGE 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, particular kind of work Liquor Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Grace Quinlan

(Address) 161 Cypress St

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August (Month) 4 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from June 29, 1916, to Aug 4, 1916, that I last saw him alive on Aug 4, 1916, and that death occurred, on the date stated above, at 11 30 p.m.

The CAUSE OF DEATH* was as follows:

Operation for Cancer of Rectum

Postpiriod anus — April 11, 1916.

Did a surgical operation precede death? Date April

Carcinoma of Rectum (Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Benj. E. Sibley, M.D.

Aug 5, 1916 (Address) 1545 Beacon St Brookline

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Holy Cross Malden

DATE OF BURIAL August 1916

20 UNDERTAKER J. F. Cleary Son

ADDRESS Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[12-'15-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 25 Belcher St St.; Ward)

2 FULL NAME Agnes Ruth Forristall
[If married or divorced woman or widow give maiden name, also name of husband.] —

a RESIDENCE 25 Belcher St

Registered No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: July 27th, 1916 (Month) (Day) (Year)

7 AGE: — yrs. — mos. 11 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Fathers-Letter Carrier
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Winthrop Mass

PARENTS

10 NAME OF FATHER: John J. Forristall

11 BIRTHPLACE OF FATHER (State or country): Boston Mass

12 MAIDEN NAME OF MOTHER: Mary E. Kirley

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John J. Forristall
(Address) 25 Belcher St

15 Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 6, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from July 27, 1916, to Aug 6, 1916, that I last saw her alive on Aug 5, 1916, and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:

Premature birth.

Did a surgical operation precede death? Date

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) ...
(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward J. Granger, M.D.
Aug 7, 1916 (Address) 68 Paris St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL: Holy Cross
DATE OF BURIAL: Aug 7th, 1916

20 UNDERTAKER: M. J. Kelly
ADDRESS: Meridian St.

Aug. 6, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.; *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

[12-15-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop Mass (No. 20, Perkins St.; Ward)

2 FULL NAME Mary E. Sullivan
[If married or divorced woman or widow give maiden name, also name of husband.] " T. Kelly, widow of Patrick D. Sullivan

4 RESIDENCE 57 Charlotte St Dorchester Mass

Registered No.

Embalmer John H. Colbert

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: March (Month) 17 (Day), 1 (Year)

7 AGE: 67 yrs. 4 mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Boston Mass

PARENTS

10 NAME OF FATHER: David Sullivan (Kelly)

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine McCarthy

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Miss Sullivan
(Address): 20 Perkins St.

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August (Month) 7 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from July 31, 1916, to Aug. 7, 1916, that I last saw her alive on Aug. 7, 1916 and that death occurred, on the date stated above, at 10.15 a.m.

The CAUSE OF DEATH* was as follows:
Myocarditis
Hypostatic pneumonia

Did a surgical operation precede death? Date

(Duration) yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) Charles F. Mahoney, M.D.
Aug. 7, 1916 (Address) 356 Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Calvary

DATE OF BURIAL: Aug. 10, 1916

20 UNDERTAKER: Chas E. Colbert & Son

ADDRESS: 28 Savin Hill Ave Dorchester Mass

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Aug. 7, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 52, Winthrop St.; Ward)

2 FULL NAME George Harrison Oakes
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 52 Winthrop Street

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

6 DATE OF BIRTH: Oct 27 (Month) (Day), 1 (Year)

7 AGE: 76 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Brewer Me ~~Harrington Me~~

PARENTS

10 NAME OF FATHER: Joseph Oakes

11 BIRTHPLACE OF FATHER (State or country): Harrington Me

12 MAIDEN NAME OF MOTHER: Marguette Hodgdon

13 BIRTHPLACE OF MOTHER (State or country): Damscotta Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): C R. Benson
(Address): Winthrop

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 7 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from April 7, 1916, to Aug 7, 1916, that I last saw him alive on Aug 6, 1916, and that death occurred, on the date stated above, at 7.15 A m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis

Indefinite (Duration) yrs. mos. ds.

Contributory (SECONDARY): Coronary Thrombosis
(Duration) yrs. mos. 2 ds.

(Signed) Percy G Rowe, M.D.
Aug 8, 1916 (Address) 218 Main St Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemb

DATE OF BURIAL: Aug 9, 1916

20 UNDERTAKER: C R Benson

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 164, Bay View Ave. St.; ..... Ward)

2 FULL NAME Mary Maria Cliffe

[If married or divorced woman or widow give maiden name, also name of husband.] Mary Maria Burney Adam F. Cliffe

a RESIDENCE 2 Hunnewell Ave Medford Mass. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Apr 1, 1865 (Month) (Day) (Year)

7 AGE 51 yrs. 4 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Cornwall England

PARENTS

10 NAME OF FATHER Mark Burney

11 BIRTHPLACE OF FATHER (State or country) Cornwall England

12 MAIDEN NAME OF MOTHER Mary Rapson

13 BIRTHPLACE OF MOTHER (State or country) Cornwall England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Watson Cliff

(Address) 164 Bay View Ave.

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 8, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Nov 14, 1914, to Aug 8, 1916, that I last saw h— alive on Aug 5, 1916 and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of uterus and appendages.

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. F. Gahan, M.D.

Aug 8, 1916 (Address) Medford Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Oak Grove Cemetery Medford Mass

DATE OF BURIAL Aug. 11, 1916

20 UNDERTAKER Fred K. N. Beals

ADDRESS Medford Mass

Aug. 8, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop (No. 11 Prospect Ave. St.; Ward)

2 FULL NAME Stephen Grady

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 11 Prospect Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widowed

6 DATE OF BIRTH: (Month) (Day) (Year)

7 AGE: 77 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of Industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. C. Colson

(Address) 11 Prospect Ave.

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 13 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Aug 1 (Month), 1916, to Aug 13 (Month), 1916, that I last saw h[illegible] alive on Aug 12 (Month), 1916, and that death occurred, on the date stated above, at 4.40 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

General arterio sclerosis

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) B J Metcalf, M.D.

Aug 13, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Cross Malden

DATE OF BURIAL: Aug 16 1916, 191

20 UNDERTAKER: John F. O'Haley

ADDRESS: Winthrop

[illegible] O'Haley Winthrop

Aug. 13, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 4, Dolphin Ave. St.; Ward)

2 FULL NAME Francis E. Cutter

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Everett Ala.

Registered No. 124

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: 12 (Month) 2 (Day), 1839 (Year)

7 AGE: 76 yrs. 8 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Boston, Mass

PARENTS

10 NAME OF FATHER: C.C. Cutter

11 BIRTHPLACE OF FATHER (State or country): Brit. Boston

12 MAIDEN NAME OF MOTHER: Frances Clark

13 BIRTHPLACE OF MOTHER (State or country): Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. F. E. Cutter

(Address) 4 Dolphin Ave.

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH: Aug (Month) 16 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from July 24, 1916, to Aug 16, 1916, that I last saw him alive on Aug 15, 1916, and that death occurred, on the date stated above, at 3-30 p.m.

The CAUSE OF DEATH* was as follows:

Pt. Regurgitation + Cardiac Dilatation

Edema (Duration) yrs. mos. ds.

Contributory (Secondary) Renal failure cirrhosis

(Duration) yrs. 2 mos. ds.

(Signed) Percy G. Fraser, M.D.

Aug 16, 1916. (Address) 218 Main St. Malden

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Newton

DATE OF BURIAL: 8-18, 1916

20 UNDERTAKER: W. E. Shepard

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[12-'15-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
At Sea (No. Steamship Melrose St.; Ward)

2 FULL NAME Ernest Anderson
[If married or divorced woman or widow give maiden name, also name of husband.]

6 RESIDENCE Edgar Terrace, Winthrop, Mass.

Registered No. 22338

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: April 11, 1852 (Month) (Day) (Year)

7 AGE: 64 yrs. 4 mos. 7 ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Chief Office
(b) General nature of industry, business, or establishment in which employed (or employer): Steamship Melrose

9 BIRTHPLACE (State or country): Goth, Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Johanne Anderson

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address)

15 Filed, 191
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. 18 (Month) (Day) 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from , 191, to , 191, that I last saw h alive on , 191, and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:
Incension of Femoral Artery

Did a surgical operation precede death? Date
(Duration) yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) , M.D
, 191 (Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Winthrop, Mass.
DATE OF BURIAL: Aug. 27, 1916

20 UNDERTAKER: J. L. Waxman & Sons
ADDRESS: Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Aug. 18, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ARTMEN

R. 15-8-'15. 100,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 42 Sargent St. St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME John C. Tracy

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 42 Sargent St. Winthrop Mass. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX M.

[4] COLOR OR RACE W.

[5] ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word) Widowed

[6] DATE OF BIRTH Feb. 4th 1916 (Month) (Day) (Year)

[7] AGE 83 yrs. 11 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Acworth N.H.

PARENTS

[10] NAME OF FATHER Joel

[11] BIRTHPLACE OF FATHER (State or country) Acworth N.H.

[12] MAIDEN NAME OF MOTHER Maria Pettengill

[13] BIRTHPLACE OF MOTHER (State or country) Acworth N.H.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. McCartney daughter.

(Address) Winthrop

[15] Filed ....., 191.... .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH August 21st, 1916. (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Aug 19, 1916, to Aug 21, 1916, that I last saw him alive on Aug 20, 1916, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) William C. Newton, M.D.

Aug 22, 1916 (Address) Revere Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Woodlawn

DATE OF BURIAL Aug. 23rd 1916

[20] UNDERTAKER A. V. Sanborn.

ADDRESS Revere.

Aug. 21, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchester
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winchester (No. 115 Cricket Rd, St.; Ward)

2 FULL NAME Joseph Lincoln Poor

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 115 Cricket Rd Winchester

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 77 yrs. 11 mos. 23 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Grocer

9 BIRTHPLACE (State or country) Robinston Me

PARENTS

10 NAME OF FATHER Henry Poor

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Hannah Hanley

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Bennison

(Address) Winchester Mass

16 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH August 23 1916, 191..... (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Aug 15 1916, 191..., to Aug 23 1916, 191..., that I last saw him alive on Aug 23 1916, 191..., and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-intestinal Catarrh with general Peritonitis.

(Duration) ..... yrs. 8 Days ds.

Contributory (SECONDARY) Sudden collapse

(Duration) ..... yrs. 1/2 mos. Hour ds.

(Signed) John Walter Mee, M.D.

Aug 24 1916 (Address) 131 Washington Ave Chelsea Mass

* If death followed injury or violence, the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 8/25, 1916

20 UNDERTAKER C. R. Bennison

ADDRESS Winchester

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[12-'15-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Metcalf (No. Hospital St.; Ward)

2 FULL NAME Mary C. Fitch
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 38 Sturgis St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

6 DATE OF BIRTH ..., 1... (Month) (Day) (Year)

7 AGE 54 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Wellesley

PARENTS

10 NAME OF FATHER Thomas Fitch

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget O'Riley

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Libby
(Address) 38 Sturgis St Winn

15 Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug (Month) 29th (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from April 14, 1916, to Aug 29th, 1916, that I last saw him alive on Aug 29th, 1916, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Intestines
Perforation of Duodenum

Did a surgical operation precede death? yes Date Aug 14/16

(Duration) ... yrs. 4 mos. 16 ds.

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) C H Metcalf, M.D.
Aug 31st, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. 4 mos. 16 ds. In the State ... yrs. 2 mos. ... ds.
Where was disease contracted, if not at place of death? 38 Sturgis St Winthrop
Former or usual residence 38 Sturgis St Winthrop

19 PLACE OF BURIAL OR REMOVAL St Patrick's Cem. DATE OF BURIAL Sept 1, 1916

20 UNDERTAKER Thos. J. Lynn ADDRESS 120 Havre East Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Aug. 29, 1716

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

8129

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 63, Chester Ave St. Ward)

2 FULL NAME Therese Daffin

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 63 Chester Ave, Winthrop

Registered No. 22645

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: 11 (Month) 6 (Day), 1870 (Year)

7 AGE: 45 — 46 yrs. 9 mos. 26 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Woiczikowsky

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Diana Daffin
(Address) 63 Chester Ave Winthrop

15 Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept. (Month) 2 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:
Pistol Shot wound of the Head, Suicidal,
(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) ...
(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo. Burgess Magrath, M.D.
Sept. 3, 1916 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, If not at place of death? ...
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemt — DATE OF BURIAL: 9-5, 1916

20 UNDERTAKER: W. C. Skaggs — ADDRESS: Winthrop

Sept 6, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. ....., Shirley St.; ..... Ward) ..... (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME S. Ralph Seavarns

[If married or divorced woman or widow give maiden name, also name of husband.]

[3] RESIDENCE Winthrop - Reed Chamber 5 Irving St. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

[6] DATE OF BIRTH: 10 (Month) 13 (Day) 1880 (Year)

[7] AGE: 35 yrs. 10 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): .....

[9] BIRTHPLACE (State or country): Cambridge Mass.

PARENTS

[10] NAME OF FATHER: Wm. H. Seavarns

[11] BIRTHPLACE OF FATHER (State or country): Cambridge Mass

[12] MAIDEN NAME OF MOTHER: Susan Shafney

[13] BIRTHPLACE OF MOTHER (State or country): Canada

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Ray
(Address) 69 Wendell St Cambr.

[15] Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Sept 4 (Month) (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Aug 30, 1916, to Sept 4, 1916, that I last saw him alive on Sept 4, 1916, and that death occurred, on the date stated above, 11.40 a.m.

The CAUSE OF DEATH* was as follows:
Mitral Regurgitation
Cardiac Hypertrophy
(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. Mitchell, M.D.
Sept 4, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Cambridge Cemt. DATE OF BURIAL: 9-7, 1916

[20] UNDERTAKER: W. C. Skaggs ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic volvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[12-'15-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 30, Bellevue Ave. Ward)

2 FULL NAME William Francis Veghle
[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE 30 Bellevue Ave. Winthrop

Registered No.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

5 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: March (Month) 6 (Day), 1876 (Year)

7 AGE: 40 yrs. 6 mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Roxbury

PARENTS

10 NAME OF FATHER: William L. Veghle

11 BIRTHPLACE OF FATHER (State or country): Roxbury

12 MAIDEN NAME OF MOTHER: Frances Buechler

13 BIRTHPLACE OF MOTHER (State or country): Roxbury

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah E Veghle
(Address) 30 Bellevue Ave. Win.

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September (Month) 11 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from May 13, 1916, to Sept. 11, 1916, that I last saw him alive on Sept 11, 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:
Intestinal Nephritis.

Did a surgical operation precede death? No. Date

(Duration) Unknown yrs. ..... mos. ..... ds.

Contributory (SECONDARY) General arterio sclerosis Edema.

(Duration) ..... yrs. 1 mos. 14 ds.

(Signed) Frank H Gilson, M.D.

Sept 12, 1916 (Address) 15 Dunster

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Cross Malden

DATE OF BURIAL: Sept. 14, 1916

20 UNDERTAKER: Thos. J. Lane

ADDRESS E. Boston 128 Havre St

Sept. 11, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH 1916.

CITY OF **BOSTON.**

FULL NAME JOSEPH OPNITSKY

Registered No. 9059

Place of Death and Residence: Boston MASS.GEN.HOSPT.

Date of Death SEPT.12 1916. Age 48 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace RUSSIA

Name of Father HAICKEL OPNITSKY

Birthplace of Father RUSSIA

Maiden Name of Mother IDA GREENBERG

Birthplace of Mother RUSSIA

Occupation METAL DEALER

Informant

Place of Burial or removal WOBURN(OHEL JACOB)

Undertaker LOUIS MILLER

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) AC.& CHR. MITRAL ENDOCARDITIS

Contributory (Duration)

(Signed) S. M.BUNKER M.D.

SEPT.13 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.2 DAYS

Usual Residence WINTHROP(11 SEA FOAM AVE)

Filed SEPT.15 1916.

A true copy. Attest: Ewm McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Sept. 12, 1916

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

[12-'15-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 24, Girdlestone Rd St.; Ward)

2 FULL NAME Carrie R Dolan

[If married or divorced woman or widow give maiden name, also name of husband.] Carrie R. Fredericks Widow of Thos M. Dolan

a RESIDENCE 24 Girdlestone Rd - Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 44 yrs. – mos. – ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: None –

(b) General nature of industry, business, or establishment in which employed (or employer): –

9 BIRTHPLACE (State or country) Boston Mass

PARENTS

10 NAME OF FATHER Fredericks

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) Philadelphia Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) (Sister) - Louisa Fredericks

(Address) 24 Girdlestone Rd -

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 20th, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from June, 1916, to Sept 20th, 1916, that I last saw him alive on Sept 20th, 1916, and that death occurred, on the date stated above, at 4.45 pm

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Chronic Interstitial Nephritis

Did a surgical operation precede death? NO Date .....

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. Prat Cull, M.D.

Sept 21, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Holy-Hood - Cemetery

DATE OF BURIAL Sept 22, 1916

20 UNDERTAKER J. D. Hallen

ADDRESS 730 Centre St. Jam Plain

Sept. 20, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. 78, Grand View Ave St.; ..... Ward) ..... (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME George A Cole
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 78 Grand View Ave St. Shirley Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M
[4] COLOR OR RACE: W
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH: 4 (Month) 26 (Day), 1852 (Year)

[7] AGE: 64 yrs. 11 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): .....

[9] BIRTHPLACE (State or country): Limmington Me.

PARENTS
[10] NAME OF FATHER: Christopher Cole
[11] BIRTHPLACE OF FATHER (State or country): Limington Me
[12] MAIDEN NAME OF MOTHER: Jane Hooton
[13] BIRTHPLACE OF MOTHER (State or country): Limington Me

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Geo. A Cole
(Address) 78 Grand View Ave

[15] Filed ....., 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Sept. (Month) 24 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Jan., 1916, to Sept. 24, 1916, that I last saw him alive on Sept. 24, 1916, and that death occurred, on the date stated above, at 6.20 P.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver,

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward J. Granger, M.D.
Sept. 26, 1916 (Address) 49 Bartlett Rd.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Woodlawn
DATE OF BURIAL: 9-27, 1916

[20] UNDERTAKER: W. C. Ekerson
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Metcalf Hospital (No. 174 Winthrop St. St.; 2 Ward)

[2] FULL NAME Still born (female) Ferber

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 258 Shirley St., Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

[6] DATE OF BIRTH: Oct. (Month) 1st (Day), 1916 (Year)

[7] AGE: still born yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Winthrop, Mass.

PARENTS

[10] NAME OF FATHER: Simon Ferber

[11] BIRTHPLACE OF FATHER (State or country): New York

[12] MAIDEN NAME OF MOTHER: Dana Levy

[13] BIRTHPLACE OF MOTHER (State or country): London Eng.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Meyer Solomon
(Address) Boston

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Oct. (Month) 1st (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased ~~from~~ Oct 1st, 1916, to ——, 191..., that I last saw h— alive on ——, 191..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Still born

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) W. J. Potts, M.D.
Oct. 2, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence 258 Shirley St. Winthrop

[19] PLACE OF BURIAL OR REMOVAL: Hand in Hand Cemetery — DATE OF BURIAL: Oct 2, 1916

[20] UNDERTAKER: Meyer Solomon — ADDRESS: Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

8203 Winthrop

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH: Winthrop Inteself Hospital St., Ward) (City or town.) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME: William Henry Chick
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE: 409 Shirley St. Winthrop, Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: June (Month) 12 (Day) 1860 (Year)

[7] AGE: 56 yrs. 3 mos. 22 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Special Officer (Theater)
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): (Unknown) Maine

PARENTS

[10] NAME OF FATHER: Luther Chick

[11] BIRTHPLACE OF FATHER (State or country): (Unknown) Maine

[12] MAIDEN NAME OF MOTHER: Unknown

[13] BIRTHPLACE OF MOTHER (State or country): Unknown

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Catherine T. Chick
(Address): 21 Delle Ave. Roxbury

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Oct. (Month) 4 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:
Pistol Shot wound of the Head, Suicidal,
(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Leroy Burgess Magnuson, M.D.
Oct. 4, 1916 (Address)
MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Mt. Hope Cem. Boston
DATE OF BURIAL: Oct. 8, 1916

[20] UNDERTAKER: M. H. Graham
ADDRESS: Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 7-'16. 5,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop Mass.
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass. (No. 36 Banks St.; Ward)

2 FULL NAME Malvina Floyd
[If married or divorced woman or widow give maiden name, also name of husband.] Mc Connell (Charles L. Floyd.)

a RESIDENCE 36 Banks St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dec. 25, 1869 (Month) (Day) (Year)

7 AGE: 47 yrs. 9 mos. 10 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Boston, Mass.

PARENTS

10 NAME OF FATHER: Robert Mc Connell

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Elizabeth Hunter

13 BIRTHPLACE OF MOTHER (State or country): St. John, N.B.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. Charles L. Floyd
(Address) 36 Banks St. Winthrop

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 5, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Sept 26, 1916, to Oct 30, 1916, that I last saw her alive on Oct 30, 1916 and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:
Sarcoma of Stomach

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY): Operation & age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jonathan H. Meigs, M.D.
Oct 5, 1916 (Address) Revere Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery Everett Mass.

DATE OF BURIAL: Oct 7, 1916

20 UNDERTAKER: H. C. Goodrich

ADDRESS: Lynn, Mass.

Oct. 5, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Somerville
(City or town.)

[1] PLACE OF DEATH
Somerville (No. Somerville Cottage Hospital, 12 Pleasant Ave. St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Frances Puttick
[If married or divorced woman or widow give maiden name, also name of husband.] wife of John Puttick - (Spicer)
[a] RESIDENCE 51 Atlantic Street, Winthrop, Mass.

Registered No. 841

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: female
[4] COLOR OR RACE: white
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): married

[6] DATE OF BIRTH: Aug. 4, 1861. (Month) (Day) (Year)

[7] AGE: 55 yrs. 2 mos. 7 ds.
If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): ------

[9] BIRTHPLACE (State or country): England

PARENTS
[10] NAME OF FATHER: Thomas Spicer
[11] BIRTHPLACE OF FATHER (State or country): England
[12] MAIDEN NAME OF MOTHER: Unknown
[13] BIRTHPLACE OF MOTHER (State or country): England

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Puttick
(Address) 51 Atlantic St., Winthrop, Mass.

[15] Filed Oct. 13, 1916.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Oct. 11, 1916. (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Sept. 29, 1916 to Oct. 11, 1916, that I last saw her alive on Oct. 11, 1916, and that death occurred, on the date stated above, at 12.30 A. m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
(Duration) yrs. 1 mos. 7 ds.

Contributory (SECONDARY) Arterio-sclerosis
(Duration) ? yrs. mos. ds.

(Signed) Marion Coon, M.D.
Oct. 11, 1916 (Address) 483 Beacon St., Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 12 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 51 Atlantic St., Winthrop, Mass.

[19] PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem., Cambridge, Mass.
DATE OF BURIAL: Oct. 14th, 1916.

[20] UNDERTAKER: Charles E. Chester
ADDRESS: Trinity Church, Boston, Mass.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF **BOSTON.**

FULL NAME GRACE NEWELL

Registered No. 10025

Place of Death and Residence: Boston MASS.HOMEO.HOSPT.

Date of Death OCT.12 1916. Age 55 years 5 months 26 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	M

Maiden Name: MC GILL

Husband's Name: J.WARREN NEWELL

Birthplace: SO.WEYMOUTH.N.S.

Name of Father: J---A--MC GILL

Birthplace of Father: WILMOT.N.S.

Maiden Name of Mother: MARTHA ELLISON

Birthplace of Mother: BANGOR.ME.

Occupation: AT HOME

Informant:

Place of Burial or removal: NEWTON(NEWTON CEM)

Undertaker: W.C.SKAGGS WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): CIRRHOSIS LIVER

Contributory (Duration):

(Signed) E.R.LEWIS M.D.

OCT.12 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence: WINTHROP(133 BELLEVUE AVE)

Filed OCT.16 1916.

A true copy. Attest: E W M Glenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Oct. 12, 1916

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass (No. 17 Winthrop St St.; Ward)

2 FULL NAME Vinnie Bailey Dunham

[If married or divorced woman or widow give maiden name, also name of husband.] Widow of Charles W. Dunham

a RESIDENCE 17 Winthrop St Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

6 DATE OF BIRTH Aug 9 1851 (Month) (Day) (Year)

7 AGE 65 yrs. 2 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Melrose Mass

PARENTS

10 NAME OF FATHER Samuel Ingalls

11 BIRTHPLACE OF FATHER (State or country) Sandown. N.H

12 MAIDEN NAME OF MOTHER Clara Addie Hill

13 BIRTHPLACE OF MOTHER (State or country) Portsmouth. N.H.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elias Dunham
(Address) 17 Winthrop Mass

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct (Month) 17 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from 1914, 1916, to Oct 17, 1916, that I last saw her alive on Oct 17, 1916, and that death occurred, on the date stated above, at 9 p.m.

The CAUSE OF DEATH* was as follows:
Diabetes Mellitus
(Coma)

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) B I Mutney, M.D.
Oct 19, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL ~~OR REMOVAL~~ Winthrop Cemetery — DATE OF BURIAL Oct 20, 1916

20 UNDERTAKER C R Bennison — ADDRESS Winthrop Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[12-'15-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 15 Hutchinson St.; Ward)

2 FULL NAME Amy Peters Reif, born Peters
[If married or divorced woman or widow give maiden name, also name of husband.] Wife of Geo. F. Reif

a RESIDENCE 15 Hutchinson St Winthrop Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

6 DATE OF BIRTH Aug 21 - 1866, 1 (Month) (Day) (Year)

7 AGE 50 yrs. 1 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Framingham Mass

PARENTS

10 NAME OF FATHER Henry Peters

11 BIRTHPLACE OF FATHER (State or country) England

12 MAIDEN NAME OF MOTHER ~~Sarah Young~~ Sarah Young

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Husband
(Address)

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 18 - 1916, 191 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from June 8, 1915, to Oct 18, 1916, that I last saw her alive on Oct 18, 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Cancer of Vaulv
Cancer of Stomach

Did a surgical operation precede death? No Date

(Duration) 1 yrs. 6 mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) E. Bolman Brown, M.D.
Oct 19, 1916. (Address) 27 Central Sq

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Place of death

19 PLACE OF BURIAL OR REMOVAL Winthrop Cem. DATE OF BURIAL Oct 21, 1916

20 UNDERTAKER Chas A Rollins ADDRESS E. Boston

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

C. A. Rollins Cor Lincoln

Oct. 18, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide,* etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure,* etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism,* etc.
4. Deaths under circumstances unknown, as *A person found dead,* etc.

R. 15-8-'15. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF BOSTON.

FULL NAME SUSAN STEVENSON

Registered No. 10246

Place of Death and Residence: Boston PSYCHOPATHIC HOSPT.

Date of Death OCT. 19 1916. Age 82 years 7 months 29 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	M

Maiden Name: CLARK

Husband's Name: CHARLES E. STEVENSON

Birthplace: WINTHROP

Name of Father: NATHAN CLARK

Birthplace of Father: -----

Maiden Name of Mother: -----

Birthplace of Mother: -----

Occupation: HOUSEWIFE

Informant:

Place of Burial or removal: WINTHROP (WINTHROP CEM.)

Undertaker: C. D. GRIMWOOD

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): BRONCHO-PNEUMONIA - 9 DYS

Contributory (Duration): SENILE DEMENTIA

(Signed) A. C. WELLINGTON M.D.

OCT. 20 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence: WINTHROP (12 PRICE AVE)

Filed OCT. 23 1916.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Oct. 19, 1916

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 459 Shirley St.; Ward)

2 FULL NAME John Dochard Minto

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 459 Shirley St Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

6 DATE OF BIRTH Feb 9 1909, 1 (Month) (Day) (Year)

7 AGE 7 yrs. 8 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Providence R.I.

PARENTS

10 NAME OF FATHER John. H.

11 BIRTHPLACE OF FATHER (State or country) Scotland

12 MAIDEN NAME OF MOTHER Ina. D. Angus

13 BIRTHPLACE OF MOTHER (State or country) Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John. H. Minto
(Address) 459 Shirley St

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 23d, 1916. (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct 22d, 1916, to Oct. 23d, 1916, that I last saw him alive on Oct. 22, 1916, and that death occurred, on the date stated above, at 7-30 p.m.

The CAUSE OF DEATH* was as follows:

~~Acute Nephritis~~
anterior Poliomyelitis
(Duration) ..... yrs. ..... mos. 13 ds.

Contributory (SECONDARY) Pulmonary Oedema
(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. F. Porter, M.D.
Oct. 27, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL ~~OR REMOVAL~~ Winthrop Cemetery
DATE OF BURIAL Oct 25, 1916

20 UNDERTAKER C. R. Bennison
ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

mil p

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH
Winthrop (No. 32, Perkins St St.; Ward)

[2] FULL NAME Elnora Hall
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 32 Perkins Street

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: female

[4] COLOR OR RACE: colored

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: October 13, 1916, 1 (Month) (Day) (Year)

[7] AGE: ....yrs. ....mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Winthrop Mass

PARENTS

[10] NAME OF FATHER: Benjamin Hall

[11] BIRTHPLACE OF FATHER (State or country): Washington D.C.

[12] MAIDEN NAME OF MOTHER: Elizabeth Bland

[13] BIRTHPLACE OF MOTHER (State or country): Cul. Va.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Benjamin Hall
(Address) 32 Perkins St

[15] Filed ....., 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Oct. (Month) 27 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Oct. 26, 1916, to Oct. 27, 1916, that I last saw her alive on Oct. 27, 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia.

Did a surgical operation precede death? No. Date

(Duration) ....yrs. ....mos. ....ds.

Contributory (SECONDARY) Co Grippe

(Duration) ....yrs. ....mos. 5 ds.

(Signed) H. F. Porter, M.D.

Oct. 27, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Mount Hope
DATE OF BURIAL: Oct 29, 1916

[20] UNDERTAKER: Benj. F. Jones. 687
ADDRESS: Shawmut Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WHITE PAPER, WITH STRINGS AND TIES TO PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[10-'16-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 435, Winthrop St.; Ward)

2 FULL NAME Thomas Hickey
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 435 Winthrop St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widowed

6 DATE OF BIRTH Unknown (Month), (Day), 1 (Year)

7 AGE 70 yrs. x mos. x ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Re-Tired
(b) General nature of industry, business, or establishment in which employed (or employer) Re-Tired Fisherman

9 BIRTHPLACE (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas Hickey

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) ?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Catherine Herbert
(Address) 319 Winthrop St Winthrop

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 4th, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct 28, 1916, to Nov 4, 1916, that I last saw him alive on Nov 4, 1916, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Ludwig's Angina

Did a surgical operation precede death? Date

(Duration) yrs. mos. 7 ds.

Contributory (SECONDARY) Chronic Endocarditis (Duration) yrs. mos. ds.

(Signed) Harry A. Kelly, M.D.
Nov 6, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Holy Cross Malden

DATE OF BURIAL Nov. 7th, 1916

20 UNDERTAKER P J McArdle

ADDRESS Charlestown

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Nov. 4, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~(City or~~ Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass (No. 25 Somerset Ave St. ..... Ward)

2 FULL NAME James C Luther
[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE 25 Somerset ave Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: June 1 1840 (Month) (Day) (Year)

7 AGE: 76 yrs. 5 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): England

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): " "

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (State or country): " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. R. Dennison
(Address) Winthrop St.

15 Filed ....., 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 1 (Month) 5th (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from 1915, 191..., to Nov 5th, 1916, that I last saw him alive on Nov 4th, 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

General arterial sclerosis
apoplexy
(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B I Bartlett, M.D.
Nov 6, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL ~~OR REMOVAL~~: Winthrop Mass
DATE OF BURIAL: Nov 8, 1916

20 UNDERTAKER: C R Dennison
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF BOSTON.

FULL NAME JENNIE L. IRELAND

Registered No. 10778

Place of Death and Residence: Boston

Date of Death NOV. 5 1916. Age 55? years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	SIN.

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father ROBERT D. IRELAND

Birthplace of Father ENGLAND

Maiden Name of Mother LETITIA MC TAVISH

Birthplace of Mother -----N.B.

Occupation AT HOME

Informant

Place of Burial or removal QUINCY (MT. WOLLASTON)

Undertaker L. JONES & SON

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): ORGANIC HEART DIS. (DILATATION) 2 YRS

Contributory (Duration): ASTHMA

(Signed) W. J. PORTER M.D.

NOV. 5 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP (30 MYRTLE AVE)

Filed NOV. 8 1916.

A true copy. Attest: E. W. McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA 1630 BOSTON, MASS.

9161 S. 1916

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Winthrop (No. Metcalf Hospital St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mary Agnes O'Connor Roche

[If married or divorced woman, or widow give maiden name, also name of husband.]

a RESIDENCE 180 River Road

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Mar (Month) 17 (Day), 1887 (Year)

7 AGE: 29 yrs. 7 mos. 19 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Worcester Mass

PARENTS

10 NAME OF FATHER: Timothy O'Connor

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Moynihan

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John F. Roche

(Address) 180 River Rd

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 6th (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct. 31st, 1916, to Nov. 6th, 1916, that I last saw her alive on Nov. 6th, 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pyelitis

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY) Acute Nephritis

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) W. J. Porter, M.D.

Nov. 6th, 191..... (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St. Johns Worcester

DATE OF BURIAL: Nov 9, 1916

20 UNDERTAKER: John J. O'Malley

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

WORCESTER.
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Worcester (No. Worcester State Hospital St.; Ward)

2 FULL NAME Ella (----) Barnes
[If married or divorced woman or widow give maiden name, also name of husband.] wife of Amos L. Barnes

a RESIDENCE Winthrop, 100 Cliff Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

6 DATE OF BIRTH: Dec. 12, 1844 (Month) (Day) (Year)

7 AGE: 71 yrs. 10 mos. 24 ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Westfield,

PARENTS
10 NAME OF FATHER: -----
11 BIRTHPLACE OF FATHER (State or country): --- --
12 MAIDEN NAME OF MOTHER: - ---
13 BIRTHPLACE OF MOTHER (State or country): ------

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jennie G. McIntosh
(Address) Worcester State Hospital

16 Filed Nov. 13, 1916 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. 6 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from April 28, 1916 to Nov. 6, 1916, that I last saw her alive on Nov. 5, 1916 and that death occurred, on the date stated above, at 7.15 Am

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
Coronary Sclerosis
(Duration) yrs. mos. ds.

Contributory (SECONDARY) Senile Dementia
(Duration) 6 yrs. + mos. ds.

(Signed) Jennie G. McIntosh, M.D
Nov. 6, 1916 (Address) Worcester

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 8 mos. 8 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 100 Cliff Ave., Winthrop

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cem. Winthrop
DATE OF BURIAL: Nov. 8, 1916

20 UNDERTAKER: [illegible]
ADDRESS: WORCESTER

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.; *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 18. 3-'16. 10,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH BLACKING INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass (No. 87 Park Ave Winthrop Hlds Ward)

2 FULL NAME Sarah J Fifield
[If married or divorced woman or widow give maiden name, also name of husband.] Sarah J Tyler John J. Fifield

a RESIDENCE Stonington Me. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: April (Month) 22 (Day) 1836 (Year)

7 AGE: 80 yrs. 6 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Stonington Me

PARENTS

10 NAME OF FATHER: Peter Tyler

11 BIRTHPLACE OF FATHER (State or country): Newburyport. Me

12 MAIDEN NAME OF MOTHER: Phoebe Thurlow

13 BIRTHPLACE OF MOTHER (State or country): Stonington Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Angie Young
(Address) 87 Park Ave Winthrop Hlds

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 7th (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from Nov. 7th, 1916, to Nov. 7th, 1916, that I last saw her alive on Nov. 7th, 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Malignant, Cyst. ovarian (abdominal)

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Arterio-sclerosis, Indef. (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) William L. Porter, M.D.

Nov. 7, 1916. (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Stonington Me — DATE OF BURIAL: Nov 11, 1916

20 UNDERTAKER: Arthur F. Douglass — ADDRESS: Chelsea Mass

Nov. 7, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

Winthrop (No. 57 Cutler St. St.: Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Elizabeth Goodbrand Molloy

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 57 Cutler St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widow

[6] DATE OF BIRTH: May (Month) 24 (Day), 1819 (Year)

[7] AGE: 97 yrs. 5 mos. 12 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of Industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Halifax N. S.

PARENTS

[10] NAME OF FATHER: Unknown

[11] BIRTHPLACE OF FATHER (State or country): Scotland

[12] MAIDEN NAME OF MOTHER: Unknown

[13] BIRTHPLACE OF MOTHER (State or country): Unknown

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Lind

(Address) 57 Cutler St

[15] Filed _____, 191__ _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: November (Month) 7 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Nov. 1st, 1916, to Nov. 7th, 1916, that I last saw her alive on Nov. 6, 1916; and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Arteria-sclerosis

Indef. (Duration) yrs. mos. ds.

Contributory (SECONDARY) Bronchitis

(Duration) yrs. mos. 7 ds.

(Signed) H. L. Porter, M.D.

Nov. 8, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Holy Hood Cem. Brookline

DATE OF BURIAL: Nov. 10, 1916

[20] UNDERTAKER: John F. O'Maley

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Rutland (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Rutland (No. ....., ... St.; ..... Ward)

2 FULL NAME Jacob Garner

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Winthrop, Mass.

Registered No. 65

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Aug. 15 (Month) (Day), 1868 (Year)

7 AGE: 48 yrs. 2 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Store

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph

11 BIRTHPLACE OF FATHER (State or country): Poland

12 MAIDEN NAME OF MOTHER: Leah Shatira

13 BIRTHPLACE OF MOTHER (State or country): Poland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Sister

(Address): N. Y.

15 Filed Nov. 10, 1916 Louis M. Hauff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. 9 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from July 22, 1916, to Nov. 9, 1916, that I last saw him alive on Nov. 8, 1916, and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 yrs. 2 mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. N. Lapham, M.D.

Nov. 9, 1916 (Address) Rutland

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 3 mos. 16 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence: Winthrop, Mass.

19 PLACE OF BURIAL OR REMOVAL: Boston

DATE OF BURIAL: Nov. 11, 1916

20 UNDERTAKER: R. C. Prescott & Son

ADDRESS: Rutland

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH 53 Hudson Ave (No. W Winthrop St.; Ward)

2 FULL NAME Charles E. Feeks
[If married or divorced woman or widow give maiden name, also name of husband.] widower

3 RESIDENCE 53 Hudson Avenue W Winthrop Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: February (Month) 1st (Day) 1844 (Year)

7 AGE: 72 yrs. 10 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Custom House Inspector
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Brooklyn New York.

PARENTS

10 NAME OF FATHER: John Feeke

11 BIRTHPLACE OF FATHER (State or country): New York

12 MAIDEN NAME OF MOTHER: Mary Gleason

13 BIRTHPLACE OF MOTHER (State or country): New York.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jno Feeke
(Address) 53 Hudson Avenue

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November (Month) 14 (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from October 23d, 1916, to Nov 14th, 1916, that I last saw him alive on Nov 14th, 1916, and that death occurred, on the date stated above, at 11 30 P m

The CAUSE OF DEATH* was as follows:
Chronic endocarditis Mitral & aortic valves. General passive congestion. Arterio sclerosis (general) (Duration) ? yrs. ? mos. ? ds.

Contributory (SECONDARY) Arterio sclerosis (Duration) ? yrs. ? mos. ? ds

(Signed) Harry J Soule, M.D
Nov 15, 1916 (Address) Winthrop, Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holyhood Cemetery — DATE OF BURIAL: Nov 15, 1916

20 UNDERTAKER: Leonard & Williams — ADDRESS: 202 Hampshire St Cambridge Mass

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Nov. 14, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 261 Shirley St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Catherine Brown

[If married or divorced woman or widow give maiden name, also name of husband.] wife of Paul F. Brown

[a] RESIDENCE 261 Shirley St. Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Female

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

[6] DATE OF BIRTH X X, 1 (Month) (Day) (Year)

[7] AGE 58 yrs. X mos. X ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

[9] BIRTHPLACE (State or country) England

PARENTS

[10] NAME OF FATHER Richard Jennings

[11] BIRTHPLACE OF FATHER (State or country) Unknown

[12] MAIDEN NAME OF MOTHER Catherine Horn

[13] BIRTHPLACE OF MOTHER (State or country) Unknown

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Bennison

(Address) 147 Winthrop St.

[15] Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Nov 17, 1916 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from June, 1916, to Nov 17, 1916, that I last saw her alive on Nov 17, 1916, and that death occurred, on the date stated above, at 8.50 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) C. J. Putcat, M.D.

Nov 19, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cemetery

DATE OF BURIAL Nov 19, 1916

[20] UNDERTAKER C. R. Bennison

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[10-'16-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 19, Freemont St.; Ward)

2 FULL NAME Charles F. Cass
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 19 Freemont St Winthrop

Registered No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

6 DATE OF BIRTH: Aug 9th 1859 (Month) (Day) (Year)

7 AGE: 57 yrs. 3 mos. 9 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer): Railway P.O. Clerk

9 BIRTHPLACE (State or country): Boston

PARENTS

10 NAME OF FATHER: Thomas Cass

11 BIRTHPLACE OF FATHER (State or country): Boston Mass

12 MAIDEN NAME OF MOTHER: Adeline Richards

13 BIRTHPLACE OF MOTHER (State or country): Boston Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs E. Grair (Cambr)

(Address) 19 Freemont St Winthrop

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 18th, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct, 1916, to Nov 18, 1916, that I last saw him alive on Nov 18, 1916, and that death occurred, on the date stated above, at 7.50 A.m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation
myocarditis

Did a surgical operation precede death? Date

(Duration) ..... yrs. 3 mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Mitchell, M.D.

Nov 19, 191.... (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery (Cambr)

DATE OF BURIAL: Nov. 20th 1916

20 UNDERTAKER: P. J. McArdle

ADDRESS: Charlestown

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. 307 Pleasant St. St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Stillborn Jennison
[If married or divorced woman or widow give maiden name, also name of husband.]
[a] RESIDENCE 307 Pleasant St.
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male
[4] COLOR OR RACE: White
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: Nov. 19 (Month) (Day), 1916 (Year)

[7] AGE: ....yrs. ....mos. ....ds.
If LESS than 1 day, ...hrs. or ....min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country): Winthrop

PARENTS

[10] NAME OF FATHER: Illegitimate
[11] BIRTHPLACE OF FATHER (State or country):
[12] MAIDEN NAME OF MOTHER: Inez ~~Catherine~~ Jennison
[13] BIRTHPLACE OF MOTHER (State or country): New Hampshire

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Jennison
(Address) 307 Pleasant St

[15] Filed ....., 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Nov. (Month) 19 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Nov. 19, 1916, to Nov. 19, 1916, that I last saw h.... alive on ....., 191...., and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Still born

....(Duration) ....yrs. ....mos. ....ds.

Contributory (SECONDARY) Premature

....(Duration) ....yrs. ....mos. ....ds.

(Signed) Charles Mahoney M.D.
11/20, 1916 (Address) 256 Cambridge St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: St. Michaels Box.
DATE OF BURIAL: Nov. 21, 1916

[20] UNDERTAKER: John F. O'Maley
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 40 Cross St, St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Elwin Eddington

[If married or divorced woman or widow give maiden name, also name of husband.] Married

[a] RESIDENCE 40 Cross St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Male

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

[6] DATE OF BIRTH ..... (Month) ..... (Day) ....., 1..... (Year)

[7] AGE 65 yrs. ..... mos. ..... ds.

If LESS than 1 day ..... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Painter

(b) General nature of industry, business, or establishment (in which employed (or employer) Decorator

[9] BIRTHPLACE (State or country) England

PARENTS

[10] NAME OF FATHER Thomas Eddington

[11] BIRTHPLACE OF FATHER (State or country) England

[12] MAIDEN NAME OF MOTHER Elizabeth

[13] BIRTHPLACE OF MOTHER (State or country) England

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E R Bennison

(Address) Winthrop St Winthrop

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Nov 21 (Month) (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Oct, 1916, to Nov 21, 1916, that I last saw him alive on Nov 20, 1916, and that death occurred, on the date stated above, at 1 10 pm.

The CAUSE OF DEATH* was as follows:

(1) apoplexy.

Duration: 3 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) B H Dulaff, M.D.

Nov 21, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cemetery

DATE OF BURIAL Nov 23, 1916

[20] UNDERTAKER E R Bennison

ADDRESS Winthrop Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

5021

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 22, Loring Road St.; Ward)

2 FULL NAME Hattie G. Sprague Gleason

[If married or divorced woman or widow give maiden name, also name of husband.] Sprague. John L. Gleason

RESIDENCE 22 Loring Road Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

6 DATE OF BIRTH: 7 (Month) (Day), 1869 (Year)

7 AGE: 47 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): B. Boston

PARENTS

10 NAME OF FATHER: Michael T. Sprague

11 BIRTHPLACE OF FATHER (State or country): Maine

12 MAIDEN NAME OF MOTHER: Adaline Stetson

13 BIRTHPLACE OF MOTHER (State or country): Maine

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John L. Gleason

(Address) 22 Loring Road

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 22, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Sept., 1916, to Nov. 21, 1916, that I last saw her alive on Nov. 21, 1916, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Intestinal Obstruction (Carcinoma)

(Duration) yrs. mos. ds.

(Signed) William Reid Morrison, M.D.

Nov 23, 1916 (Address) 527 Beacon St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Evergreen Cemetery Brighton

DATE OF BURIAL: 11-25, 1916

20 UNDERTAKER: W. C. Shaw

ADDRESS: Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. Medical Hospital St.; Ward)

2 FULL NAME Mary Terry
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 38 Madison ave Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word)

6 DATE OF BIRTH Nov 28 1916 (Month) (Day) (Year)

7 AGE Stillborn yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Winthrop Mass

PARENTS

10 NAME OF FATHER Walter J Terry

11 BIRTHPLACE OF FATHER (State or country) Chelsea Mass

12 MAIDEN NAME OF MOTHER Mary A. Gavin

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter J. Terry
(Address) 38 Madison ave

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 28, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from , 191, to Nov 28, 1916, that I last saw her alive on , 191, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:
Stillborn
Incident to Labor

(Duration) yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) F B Pulsifer, M.D.
Nov 29, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Holy Cross Malden — DATE OF BURIAL Dec 2 1916

20 UNDERTAKER C. R. Bennison — ADDRESS Winthrop

Nov. 20, 1910

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

Winthrop (No. 95 Somerset Ave. St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Stillborn Jenkins

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 95 Somerset Ave. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

[6] DATE OF BIRTH: Dec (Month) 1 (Day), 1916 (Year)

[7] AGE: — yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

[9] BIRTHPLACE (State or country): Winthrop

PARENTS

[10] NAME OF FATHER: Frank Jenkins

[11] BIRTHPLACE OF FATHER (State or country): New York

[12] MAIDEN NAME OF MOTHER: Louisa Smith

[13] BIRTHPLACE OF MOTHER (State or country): Boston

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Jenkins

(Address) 95 Somerset Ave.

[15] Filed ..... 191.... .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Dec (Month) 1 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Dec 1, 1916, to Dec 1, 1916, that I ~~last~~ never saw him alive on Dec 1, 1916, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Stillborn

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) R. B. Parker, M.D.

Dec 1, 1916 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

[19] PLACE OF BURIAL OR REMOVAL: St. Michaels Roxbury

DATE OF BURIAL: Dec 2, 1916, 191....

[20] UNDERTAKER: John F. O'Haley

ADDRESS: Winthrop

Dec. 1, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass (No. 78, Cottage ave St.; Ward)

2 FULL NAME Nellie Frances Winters. maiden name Haney

[If married or divorced woman or widow give maiden name, also name of husband.] Fred C. Winters

4 RESIDENCE 78 Cottage ave. Winthrop Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH: June (Month) 13th (Day) 1866 (Year)

7 AGE: 50 yrs. 5 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Belfast Maine

PARENTS

10 NAME OF FATHER: Charles W. Haney

11 BIRTHPLACE OF FATHER (State or country): North Anebscott Maine

12 MAIDEN NAME OF MOTHER: Lura Cunningham

13 BIRTHPLACE OF MOTHER (State or country): Freedom Maine

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr Fred C. Winters
(Address) Winthrop Mass

15 Filed ..... 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December (Month) 2d (Day), 1916 (Year)

17 I HEREBY CERTIFY that I attended deceased from July 1st, 1916, to Dec. 2d, 1916, that I last saw her alive on Nov. 1st, 1916, and that death occurred, on the date stated above, at 1-05 p.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of neck.

(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY) Hemorrhage

(Duration) yrs. mos. 10 ds.

(Signed) William J. Porter, M.D.

Dec 3d, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Newton Cemetery DATE OF BURIAL: Dec 4, 1916

20 UNDERTAKER: H. S. Hatch ADDRESS: Brookline

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dec. 2, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc, *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 165, River Road St.; ..... Ward) ..... (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Lizzie Victoria Rogers.

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 165 River Road Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single.

[6] DATE OF BIRTH ....., 1878 (Month) (Day) (Year)

[7] AGE 38 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Buyer.

(b) General nature of industry, business, or establishment (in which employed (or employer): Dry Goods.

[9] BIRTHPLACE (State or country): Boston Mass.

PARENTS

[10] NAME OF FATHER: James F. Rogers.

[11] BIRTHPLACE OF FATHER (State or country): Boston Mass.

[12] MAIDEN NAME OF MOTHER: Adelia Cornell

[13] BIRTHPLACE OF MOTHER (State or country): Boston Mass.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles R. Bennison

(Address) Winthrop Mass.

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH December 5, 1916 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Nov 14, 1916, to Dec 5, 1916, that I last saw her alive on Dec 5, 1916, and that death occurred, on the date stated above, at 1.20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Uremia

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Robert Bonney, M.D.

Dec 5, 1916 (Address) 7 Princeton St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: Dec 7, 1916

[20] UNDERTAKER: Charles R. Bennison

ADDRESS: Winthrop

Dec. 5, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF BOSTON.

FULL NAME CHARLES LEMONT

Registered No. 11912

Place of Death and Residence: Boston MASS.HOMEO.HOSPT.

Date of Death DEC.9 1916. Age 41 years 4 months 25 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	MAR.

Maiden Name

Husband's Name

Birthplace LITCHFIELD.ME.

Name of Father JOHN W.LEMONT

Birthplace of Father LITCHFIELD.ME.

Maiden Name of Mother ALICE ODIORNE

Birthplace of Mother RICHMOND.ME.

Occupation TELEPHONE ENGINEER

Informant

Place of Burial or removal LITCHFIELD.ME.

Undertaker W.C.SKAGGS WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) MALIGNANT SCARLET FEVER

Contributory (Duration)

(Signed) S.A.CLEMENT M.D.

DEC.9 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.1 DAY

Usual Residence WINTHROP(107 COURT RD)

Filed DEC.15 1916.

A true copy. Attest: E W M Glennon

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

Dec 4, 1916

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

CHELSEA (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH: Chelsea, Mass. (No. Frost Hospt. St.; Ward)

[2] FULL NAME: Plakias (S.B.)

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE: 21 Nevada St., Winthrop, Mass.

Registered No. 787

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): ---

[6] DATE OF BIRTH: Dec. 11 - 1916. (Month) (Day) (Year)

[7] AGE: ----yrs. ---mos. ----ds. If LESS than 1 day, ...hrs. or ....min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: ----

(b) General nature of Industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Chelsea, Mass.

PARENTS

[10] NAME OF FATHER: George

[11] BIRTHPLACE OF FATHER (State or country): Greece

[12] MAIDEN NAME OF MOTHER: Georgia Carofield

[13] BIRTHPLACE OF MOTHER (State or country): Greece

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frost Hospt.

(Address) Chelsea,

[15] Filed Dec. 14, 1916.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Dec. 12, 1916. (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Dec. 11, 1916, to Dec. 12, 1916, that I last saw him alive on " 12, 1916, and that death occurred, on the date stated above, at 12-40A

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(Duration) -yrs. -mos. -ds.

Contributory (SECONDARY): Face presentation-version

(Duration) ....yrs. ....mos. ....ds.

(Signed) Delbert L. Jackson, M.D.

Dec. 12, 1916 (Address) 362 Comm'th Ave.,

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence: Boston, Mass.

[19] PLACE OF BURIAL OR REMOVAL: Garden Gem.

DATE OF BURIAL: ----, 191

[20] UNDERTAKER: C. H. Faunce

ADDRESS: Chelsea

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 18. 3-'16. 10,000.

[10-'16-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~ (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 480 Winthrop St. St.) Ward)

2 FULL NAME Mary Lakson

[If married or divorced woman or widow give maiden name, also name of husband.] Mary Saperstein wife of Abraham

4 RESIDENCE 480 Winthrop St. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 58 yrs. ..... mos. ..... ds

If LESS than 1 day, ... hrs. or ..... min ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work House-Wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Russia

PARENTS

10 NAME OF FATHER Daniel Saperstein

11 BIRTHPLACE OF FATHER (State or country) Russia

12 MAIDEN NAME OF MOTHER Gittel Unknown

13 BIRTHPLACE OF MOTHER (State or country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Lakson

(Address) 48 Trident Ave.

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 20th, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from August, 1910, to Dec. 4, 1916, that I last saw her alive on December 4th, 1916, and that death occurred, on the date stated above, at ..... m

The CAUSE OF DEATH* was as follows:

Myocarditis

Did a surgical operation precede death? Date .....

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds

(Signed) Kalman M. Davidson, M.D

Dec 21, 1916 (Address) 193 Hanover St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Woburn, Agudath Achim

DATE OF BURIAL Dec 20 1916

20 UNDERTAKER Jacob Stanetsky

ADDRESS Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dec 20, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

Acute Alcoholism

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

[12-15-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop Mass
~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop Mass (No. 36, Pearl Ave St.; Ward)

2 FULL NAME Ella Jane Doherty
[If married or divorced woman or widow give maiden name, also name of husband.] " " Daly - Cornelius M. Doherty

a RESIDENCE 36 Pearl Ave Winthrop Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE: 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Boston Mass.

PARENTS

10 NAME OF FATHER: Philip Daly

11 BIRTHPLACE OF FATHER (State or country): New York City N.Y.

12 MAIDEN NAME OF MOTHER: Ellen J. Smith

13 BIRTHPLACE OF MOTHER (State or country): Boston Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Cornelius M. Doherty
(Address) 36 Pearl Ave Winthrop

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 21, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec 1, 1916, to Dec 2, 1916, that I last saw he alive on Dec 16, 1916, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:
Chronic Bronchitis - Myocarditis
(Cancer of Lupus operated 14 years ago)

Did a surgical operation precede death? Date

(Duration) 10 yrs. mos. ds.

Contributory (SECONDARY) Acute Bronchitis
(Duration) yrs. mos. 6 ds.

(Signed) Henry H. Freeman, M.D.
Dec 21, 1916 (Address) 41 Charlesbn St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Cross

DATE OF BURIAL: Dec 23, 1916

20 UNDERTAKER: R. J. Burke

ADDRESS: Charlestown

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Dec. 21, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B.— Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. 19 Cherry St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Dorothy B. Stone
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE Winthrop - 19 Cherry St. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F
[4] COLOR OR RACE W
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

[6] DATE OF BIRTH 7 (Month) 4 (Day), 1916 (Year)

[7] AGE — yrs. 5 mos. 19 ds.
If LESS than 1 day, ... hrs. or ... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Winthrop

PARENTS
[10] NAME OF FATHER Millard F. Stone
[11] BIRTHPLACE OF FATHER (State or country) Sheridan, Mo.
[12] MAIDEN NAME OF MOTHER Blanche M. Broadhurst
[13] BIRTHPLACE OF MOTHER (State or country) Halifax N. S.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Millard F. Stone
(Address) 19 Cherry St. Winthrop

[15] Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Dec (Month) 23rd (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from July 4th, 1916, to Dec 23rd, 1916, that I last saw her alive on Dec 22nd, 1916, and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:
Influenza
Bronchopneumonia
(Duration) ... yrs. ... mos. 3 ds.

Contributory (SECONDARY) ...
(Duration) ... yrs. ... mos. ... ds.

(Signed) B. N. Mulcuff, M.D.
Dec 24, 1916 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

[19] PLACE OF BURIAL OR REMOVAL Deer Island Cem. DATE OF BURIAL 12-24, 1916

[20] UNDERTAKER W. C. Skaggs ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH STANDARD INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

Winthrop (No. 44 Bucannan St St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Bernard Gibbons

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 44 Bucannan St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH: (Month) (Day), 1 (Year)

[7] AGE: 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Contractor

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Milford Mass.

PARENTS

[10] NAME OF FATHER: Hugh Gibbons

[11] BIRTHPLACE OF FATHER (State or country): Ireland

[12] MAIDEN NAME OF MOTHER: Catherine Burke

[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John T. Gibbons

(Address) 270 Main St. Milford

[15] Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: December (Month) 25th (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Dec 17, 1916, to Dec 24, 1916, that I last saw him alive on Dec 24th, 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchio Pneumonia Contributing cause)

Cirrhosis of liver

Pneumonia (Duration) 2 yrs. 3 mos. 4 ds.

Contributory (SECONDARY) General Bronchitis (Duration) 7 yrs. ? mos. ? ds.

(Signed) Horace J. Gowen, M.D.

Dec 25, 1916 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: St. Marys Milford

DATE OF BURIAL: Dec. 27, 191

[20] UNDERTAKER: John F. O'Malley

ADDRESS: Winthr

Dec 25, 1916

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH (No. 71, Cottage Pk Road St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Catherine Feeley

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 71 Cottage Park Road

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: October 22, 1852 (Month) (Day) (Year)

[7] AGE: 64 yrs. 2 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

[9] BIRTHPLACE (State or country): Boston Mass

PARENTS

[10] NAME OF FATHER: Timothy Feeley

[11] BIRTHPLACE OF FATHER (State or country): Dublin Ireland

[12] MAIDEN NAME OF MOTHER: Ann Gilbride

[13] BIRTHPLACE OF MOTHER (State or country): Roscommon Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Feeley

(Address) 71 Cottage Pk Road

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Dec (Month) 28 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from May 15, 1916, to Dec. 28, 1916, that I last saw h.. alive on Dec. 23, 1916 and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY): Hemiplegia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles Mahoney, M.D.

Dec. 28, 1916 (Address) 356 Commonwealth

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Holy Sepulchre Brookline Mass

DATE OF BURIAL: DEC 30, 1916

[20] UNDERTAKER: Thomas F. Lyons

ADDRESS: Dr. Newton

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

Board of Health, City of Newton. The within return countersigned and approved this ..... day of ..... 191 .....

Agent.

R. 15-8-'15. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1916.

CITY OF **BOSTON.**

FULL NAME ANNIE E. EDDLEM

Registered No. 12453

Place of Death and Residence: Boston MASS.GEN.HOSPT.

Date of Death DEC.29 1916. Age 12 years 8 months 22 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	S

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father THOMAS EDDLEM

Birthplace of Father -----N.F.

Maiden Name of Mother EVA CARTON

Birthplace of Mother ENGLAND

Occupation SCHOOL GIRL

Informant

Place of Burial or removal CAMBRIDGE(CAMB.CEM.)

Undertaker C.R.BENNISON WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1916, to 1916, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) ACUTE OSTEOMYELITIS - 20 DYS

Contributory (Duration)

(Signed) G.A.MAC IVER M.D.

DEC.29 1916

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.17 DAYS

Usual Residence WINTHROP(11 NEPTUNE AV)

Filed JAN.3 1916.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRARS OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
WINTHROP (No. 4 PEVERE ST., St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME JAMES JUDGE
[If married or divorced woman or widow give maiden name, also name of husband.]
[a] RESIDENCE 4 PEVERE ST.
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male
[4] COLOR OR RACE: White
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

[7] AGE 52 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Tile Setter
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Ireland

PARENTS
[10] NAME OF FATHER: Andrew Judge
[11] BIRTHPLACE OF FATHER (State or country): Ireland
[12] MAIDEN NAME OF MOTHER: Ann Winsey
[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Judge
(Address) 4 Pevere St.

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Dec. (Month) 31 (Day), 1916 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Dec. 1916, to Dec. 31, 191..., that I last saw him alive on Dec. 30, 1916, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Charles J. Mahoney, M.D.
Dec. 31, 1916 (Address) 356 Commercial St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Holy Cross Malden
DATE OF BURIAL: Jan. 2 1917, 191...

[20] UNDERTAKER: John F. O'Maley
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
WINTHROP (No. 1 WILSHIRE ST St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME MARGARET MURPHY MAGUIRE
[If married or divorced woman or widow give maiden name, also name of husband.] Widow of Peter Maguire

[a] RESIDENCE 1 WILSHIRE ST.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female
[4] COLOR OR RACE: White
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widow

[6] DATE OF BIRTH ..... (Month) ..... (Day) ....., 1..... (Year)

[7] AGE 86 yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Ireland

PARENTS
[10] NAME OF FATHER: Unknown
[11] BIRTHPLACE OF FATHER (State or country): Ireland
[12] MAIDEN NAME OF MOTHER: Mary Burke
[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. E. F. Keen
(Address) 1 Wilshire St.

[15] Filed ..... 191..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Jan. (Month) 7 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Jan. 3, 1917, to Jan 7, 1917, that I last saw h[illegible] alive on Jan 7, 1917, and that death occurred, on the date stated above, at 11 Am.

The CAUSE OF DEATH* was as follows:
Lobar pneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY) Arteio sclerosis
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles Mahoney, M.D.
Jan 8, 1917 (Address) 256 Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Holy Cross Cem. Malden
DATE OF BURIAL: Jan 9 1917, 191.....

[20] UNDERTAKER: John F. O'Maley
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
WINTHROP (No. 60 QUINCY AVE. St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME JAMES GRADY
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 60 QUINCY AVE.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male
[4] COLOR OR RACE: White
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

[6] DATE OF BIRTH: JUNE (Month) 12 (Day), 915 (Year)

[7] AGE: 1 yrs. 6 mos. 27 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: ----------
(b) General nature of Industry, business, or establishment in which employed (or employer): ----------

[9] BIRTHPLACE (State or country): WINTHROP MASS.

PARENTS
[10] NAME OF FATHER: JAMES GRADY
[11] BIRTHPLACE OF FATHER (State or country): EAST BOSTON MASS.
[12] MAIDEN NAME OF MOTHER: CATHERINE BOYLAN
[13] BIRTHPLACE OF MOTHER (State or country): BOSTON MASS.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) JAMES L. GRADY
(Address) 60 QUINCY AVE

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Jan (Month) 8th (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Jan 5th, 1917, to Jan 8th, 1917, that I last saw him alive on Jan 8th, 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:
Gastro enteritis.
Strepto coccus infection
(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B L Buchwald, M.D.
Jan 8th, 1917 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Holy Cross Malden
DATE OF BURIAL: Jan. 9 1917, 191.....

[20] UNDERTAKER: JOHN E. O'Maley
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
WINTHROP (No. 7 ATLANTIC ST. St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME STILLBORN SHEA
[If married or divorced woman or widow give maiden name, also name of husband.]
[a] RESIDENCE 7 ATLANTIC ST.
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: MALE
[4] COLOR OR RACE: WHITE
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): SINGLE

[6] DATE OF BIRTH: JAN (Month) 11 (Day), 1917 (Year)

[7] AGE ..... yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work ----------
(b) General nature of industry, business, or establishment in which employed (or employer) ----------

[9] BIRTHPLACE (State or country): WINTHROP MASS.

PARENTS
[10] NAME OF FATHER: ILLEGITIMATE
[11] BIRTHPLACE OF FATHER (State or country): UNKNOWN
[12] MAIDEN NAME OF MOTHER: HAZEL SHEA
[13] BIRTHPLACE OF MOTHER (State or country): WINCHENDON MASS

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) MRS. J. J. MONAHAN
(Address) 7 ATLANTIC ST.

[15] Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Jan. (Month) 11 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from ....., 191..., to Jan 11, 1917, that I last saw him alive on ....., 191..., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Stillborn
..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Premature
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C F Mahoney, M.D.
Jan 12, 1917 (Address) 356 Washington St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: ST. MICHAELS CEM. ROXBURY
DATE OF BURIAL: 1/13 17., 191...

[20] UNDERTAKER: JOHN F. O'MALEY
ADDRESS: WINTHROP

Jan. 11, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
WINTHROP (No. 107, PUTNAM ST. St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME FRANCIS ROBERT McAULIFFE
[If married or divorced woman or widow give maiden name, also name of husband.]
[a] RESIDENCE 107 PUTNAM
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male
[4] COLOR OR RACE: White
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: Oct. (Month) 16 (Day) 1916 (Year)

[7] AGE: yrs. 2 mos. 26 ds.
If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country): WINTHROP MASS.

PARENTS
[10] NAME OF FATHER: JOHN H. McAULIFFE
[11] BIRTHPLACE OF FATHER (State or country): WORCESTER MASS.
[12] MAIDEN NAME OF MOTHER: MABEL CURRIE
[13] BIRTHPLACE OF MOTHER (State or country): CANADA

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John H. McAuliffe
(Address) 107 PUTNAM ST.

[15] Filed ..., 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Jan (Month) 12 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Jan 10, 1917, to Jan 12, 1917, that I last saw him alive on Jan 12, 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) Raymond B Fisher, M.D.
Jan 1, 1917 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: HOLY CROSS MALDEN
DATE OF BURIAL: 1/13/17, 191..
[20] UNDERTAKER: John T. O'Maley
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 328, Pleasant St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Henry Christian Peterson

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 328 Pleasant St. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male.

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: Sept. 22 (Month) 1857 (Day) (Year)

[7] AGE: 59 yrs. 3 mos. 22 ds. If LESS than 1 day, ... hrs. or ... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Boston Pilot.
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Denmark.

PARENTS

[10] NAME OF FATHER: Held. Peterson

[11] BIRTHPLACE OF FATHER (State or country): Denmark.

[12] MAIDEN NAME OF MOTHER: Elizabeth Moller

[13] BIRTHPLACE OF MOTHER (State or country): Denmark

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. H. C. Peterson
(Address) 328 Pleasant St

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: January (Month) 12 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from December, 1916, to Jan. 12, 1917, that I last saw him alive on Jan 12, 1917, and that death occurred, on the date stated above, at 10.15 A.m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Posterior Mediastinal glands.

(Duration) 1 yrs. ... mos. ... ds.

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) B. S. Metcalf, M.D.
Jan 13, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Jan. 14, 1917

[20] UNDERTAKER: Chas. R. Bannon — ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME OLGA F. BYRAM

Registered No. 413

Place of Death and Residence: Boston BURNAP HOME

Date of Death JAN 12 1917, Age 72 years 2 months 20 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	WIDOWED

Maiden Name: SIEDLER

Husband's Name: EDWARD K. BYRAM

Birthplace: GERMANY

Name of Father: EDWARD SIEDLER

Birthplace of Father: NEW YORK N.Y.

Maiden Name of Mother: ELIZABETH UNGER

Birthplace of Mother: GERMANY

Occupation: -----

Informant:

Place of Burial or removal: WINTHROP

Undertaker: C.F. BROWN BOSTON

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) APOPLEXY (3DAYS)

Contributory: (Duration) OLD AGE

(Signed) D. A. ELDREDGE M.D.

JAN 12 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP

Filed JAN 17 1917.

A true copy. Attest: E. W. McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 322, Pleasant St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Helen Hall Case

[If married or divorced woman or widow give maiden name, also name of husband.] Helen Hall Town — Chas. A. Case

[a] RESIDENCE 322 Pleasant St Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Female

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

[6] DATE OF BIRTH Nov 3 1878 (Month) (Day) (Year)

[7] AGE 38 yrs. 2 mos. 11 ds. If LESS than 1 day ..... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Boston Mass.

PARENTS

[10] NAME OF FATHER Abraham Town

[11] BIRTHPLACE OF FATHER (State or country) Cohasset Mass.

[12] MAIDEN NAME OF MOTHER Julia A. Hall

[13] BIRTHPLACE OF MOTHER (State or country) Boston Mass

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. E. Case

(Address) 322 Pleasant.

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Jan. 14, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from July, 1916, to Jan 14, 1917, that I last saw her alive on Jan 14, 1917, and that death occurred, on the date stated above, at 11.15 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Brain

Carcinoma of Breast

(Duration) ..... yrs. 6 mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) By Medical, M.D.

Jan 16, 1917 (Address) Winthrop.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Mt Auburn Crematory — DATE OF BURIAL Jan 17, 1917

[20] UNDERTAKER Chas R Bunnison — ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

WINTHROP (No. 304 PLEASANT ST. St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME STILLBORN ADAMS

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 304 PLEASANT ST.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: MALE

[4] COLOR OR RACE: WHITE

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): SINGLE

[6] DATE OF BIRTH: JAN (Month) 18 (Day), 1917 (Year)

[7] AGE ....yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work ----------

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country): WINTHROP

PARENTS

[10] NAME OF FATHER: EDWARD F. ADAMS

[11] BIRTHPLACE OF FATHER (State or country): MILFORD MASS.

[12] MAIDEN NAME OF MOTHER: MARY F. NELSON

[13] BIRTHPLACE OF MOTHER (State or country): HALIFAX N. S.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward F. Adams

(Address) 304 Pleasant St.

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Jan (Month) 18 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Jan 18, 1917, to Jan 18, 1917, that I last saw h.... alive on ....., 191...., and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Stillborn

(Duration) ....yrs. ....mos. ....ds.

Contributory (SECONDARY) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thomas A. Kelly, M.D.

Jan 18, 1917 (Address) 200 Hancock St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: HOLY CROSS MALDEN

DATE OF BURIAL: JAN 19 1917, 191....

[20] UNDERTAKER: John F. O'Maley

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[10-'16-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON
(City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop. (No. 36 Trident Ave. St.; Ward)

2 FULL NAME Louisa N. Bishop.
[If married or divorced woman or widow give maiden name, also name of husband.] Louisa N. Edwards widow of George

a RESIDENCE 36 Trident Ave. Winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: Feb 23 1842. (Month) (Day) (Year)

7 AGE: 74 ~~75~~ yrs. 10 mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Sydney C.B.

PARENTS

10 NAME OF FATHER: John Edwards

11 BIRTHPLACE OF FATHER (State or country): Sydney C.B.

12 MAIDEN NAME OF MOTHER: Louisa Duggan

13 BIRTHPLACE OF MOTHER (State or country): England.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. W. H. Rockwll.
(Address) Boston Mass

15 Filed _____, 191__ _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 18 1917 (Month) (Day), 191__ (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan. 7 19, 191__, to Jan. 18, 191__, that I last saw h alive on Jan. 16, 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

Did a surgical operation precede death? No Date

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) yrs. mos. 20 ds

(Signed) Lawrence J. Louis, M.D

Jan. 19, 1917 (Address) 1984 Columbus Ave

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Hope.

DATE OF BURIAL: Jan 21, 191__

20 UNDERTAKER: F. G. Waterman & Son

ADDRESS

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Suffolk

Township Winthrop

or

Village

or

City (No. Post Hospital, Ft Banks St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Frank F. Wells

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Massachusetts

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: September (Month) 28 (Day), 1890 (Year)

7 AGE: 26 yrs. 3 mos. 21 ds.

If LESS than 1 day, ___ hrs. or ___ min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Soldier

(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Army

9 BIRTHPLACE (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER: Adar Frisdey

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B. J. Mutcalf

(Address) 1st Lt. M.R.C. U.S. Army

15

Filed ____ 191____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 19 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 15, 1917, to January 19, 1917, that I last saw him alive on January 19, 1917, and that death occurred, on the date stated above, at 2 to 1 m.

The CAUSE OF DEATH* was as follows:

Purpura hemorrhagica
Septicaemia (General Streptococcus infection) cause unknown

(Duration) — yrs. — mos. 4 ds.

Contributory (SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) B. J. Mutcalf, M. D.

Jan. 19, 1917 (Address) Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: Jan. 21, 1917

20 UNDERTAKER: Charles Burgin

ADDRESS: Winthrop

11--3184

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

Puerperal

Septicaemia

Sleptococcus

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

[10-'16-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON
(City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop. (No. 36 Ingelside Ave. St.; Ward)

2 FULL NAME Henry R. Thompson
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 36 Ingelside Ave. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married.

6 DATE OF BIRTH: June 17 1870 (Month) (Day) (Year)

7 AGE: 46 yrs. 7 mos. 2 ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of Industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Brooklyn N.Y.

PARENTS
10 NAME OF FATHER: Henry H. Thompson
11 BIRTHPLACE OF FATHER (State or country): unknown N.Y.
12 MAIDEN NAME OF MOTHER: Caroline V. VanHousen
13 BIRTHPLACE OF MOTHER (State or country): unknown N.Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. G. Thompson
(Address) 36 Ingelside Ave.

15 Filed , 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 19 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from July 5, 1916, to Jan 19, 1917, that I last saw him alive on Jan 19, 1917, and that death occurred, on the date stated above, at 3 A m

The CAUSE OF DEATH* was as follows:
Lymphosarcoma
Inguinal and Illio-fehric glands.
Did a surgical operation precede death? Yes. Date Jan 26 1916
(Duration) 1½ yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) R. B. Parker, M.D.
Jan 19, 1917 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New York N.Y.
DATE OF BURIAL: Jan 22, 1917

20 UNDERTAKER: F. H. Wakeman & Son
ADDRESS: 2326 Washington St Boston Mass

Jan 19, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

12-1

N. B. — Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. 171 Bowdoin St. St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Michael Francis Thomas
[If married or divorced woman or widow give maiden name, also name of husband.]
[a] RESIDENCE 171 Bowdoin St.
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male
[4] COLOR OR RACE: White
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH (Month) (Day) (Year)

[7] AGE: 57 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Car Inspector

[9] BIRTHPLACE (State or country): Quebec

PARENTS
[10] NAME OF FATHER: Francis Thomas
[11] BIRTHPLACE OF FATHER (State or country): Quebec
[12] MAIDEN NAME OF MOTHER: Elizabeth Hawley
[13] BIRTHPLACE OF MOTHER (State or country): Quebec

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. Thomas
(Address): 171 Bowdoin St.

[15] Filed, 191
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Jan (Month) 22 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Dec 17, 1916, to Jan 22, 1917, that I last saw him alive on Jan 22, 1917, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:
Cirrhosis of Liver
(Duration) yrs. mos. ds.
Contributory (SECONDARY) Pulmonary T.B. Bacy
(Duration) yrs. mos. ds.
(Signed) Harry A. Tebbetts, M.D.
Jan 23, 1917 (Address) 200 Pleasant St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Holy Cross Malden
DATE OF BURIAL: 1/24/17, 191

[20] UNDERTAKER: John F. O'Maley
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 42, Deal St.; Ward)

[2] FULL NAME Mary A Mason
[If married or divorced woman or widow give maiden name, also name of husband.] Rose — Octavious Mason

[a] RESIDENCE 42 Deal St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: Aug 20, 1836 (Month) (Day) (Year)

[7] AGE: 80 yrs. 5 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): England

PARENTS

[10] NAME OF FATHER: Samuel Rose.

[11] BIRTHPLACE OF FATHER (State or country): England

[12] MAIDEN NAME OF MOTHER: Sarah — Unknown

[13] BIRTHPLACE OF MOTHER (State or country): England

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Hodson
(Address) 12 Bennington St E. 3.

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Jan (Month) 23 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from For some months at intervals, 191..., to ..., 191..., that I last saw h.er alive on Jan 21, 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Arteria Sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. A. Morrison, M.D.
Jan 23, 1917 (Address) 80 Princeton St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? 42 Deal St Winthrop
Former or usual residence 42 Deal St. Winthrop

[19] PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 1-30 Pm Jan 26, 1917

[20] UNDERTAKER: E. G. Brown & Son — ADDRESS: East Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH 462 Shirley St (No. St.; Ward)

2 FULL NAME Sheldon W. Cook

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE 462 Shirley St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widower

6 DATE OF BIRTH Aug 30 1845 (Month) (Day) (Year)

7 AGE 71 yrs. 4 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Life Ins Agt

(b) General nature of industry, business, or establishment in which employed (or employer) Penn Mutual

9 BIRTHPLACE (State or country) St Albans Vt

PARENTS

10 NAME OF FATHER Jm Knowlton

11 BIRTHPLACE OF FATHER (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C R Bennison

(Address) Winthrop

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 23d 1917 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Dec 26 1917 to Jan 23 1917, that I last saw him alive on Jan 23d 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 28 ds.

Contributory (SECONDARY) Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

(Signed) W. J. Carter, M.D.

Jan 23, 1917 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Winthrop

DATE OF BURIAL 1/26 1917

20 UNDERTAKER C R Bennison

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 14, Chester Ave St.; Ward)

2 FULL NAME Betsy D. Freeman

[If married or divorced woman or widow give maiden name, also name of husband.] Collins - Jasserman E. Freeman

a RESIDENCE Winthrop 14 Chester Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: 5 (Month) 23 (Day), 1827 (Year)

7 AGE: 89 yrs. 8 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Truro, Mass

PARENTS

10 NAME OF FATHER: Benjamin Collins

11 BIRTHPLACE OF FATHER (State or country): Truro, Mass

12 MAIDEN NAME OF MOTHER: Tamsin Snow ~~Betsy D. Collins~~

13 BIRTHPLACE OF MOTHER (State or country): Truro, Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Tamsin Rich

(Address) 14 Chester Ave

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 1 (Month) 24 (Day), 1917 (Year) 11-30-A.M.

17 I HEREBY CERTIFY that I attended deceased from Jan 17, 1917, to Jan 23, 1917, that I last saw her alive on Jan 23, 1917, and that death occurred, on the date stated above, at 11.30 A.m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis

(Duration) 4 yrs. mos. ds.

Contributory (SECONDARY) Mitral Regurgitation

(Duration) 2 yrs. mos. ds.

(Signed) Robert N. French, M.D.

Jan. 25, 1917 (Address) Malden

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Truro, Mass. DATE OF BURIAL: 1-27, 1917

20 UNDERTAKER: W. C. Skaggs ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stotionary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
WINTHROP (No. 170 Grover Ave. St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME THOMAS HENRY CONNOR
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 170 GROVER AVE.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: MALE

[4] COLOR OR RACE: WHITE

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): SINGLE

[6] DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

[7] AGE 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: HATTER
(b) General nature of industry, business, or establishment in which employed (or employer): .....

[9] BIRTHPLACE (State or country): DANBURY CONN.

PARENTS

[10] NAME OF FATHER: UNKNOWN

[11] BIRTHPLACE OF FATHER (State or country): IRELAND

[12] MAIDEN NAME OF MOTHER: UNKNOWN

[13] BIRTHPLACE OF MOTHER (State or country): IRELAND

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Mary E. Foris
(Address) 170 GROVER AVE.

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Jan 24, 191 7 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Jan 20, 191 7, to Jan 24, 191 7, that I last saw him alive on Jan 23, 191 7, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
Left upper lobe

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible], M.D.
Jan 25, 191 7 (Address) Winthrop

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: ST. PETERS DANBURY CONN.
DATE OF BURIAL: 1/26/17, 191.....

[20] UNDERTAKER: JOHN F. O'MALEY
ADDRESS: WINTHROP

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PLANET, WITH STANDARD INK. THIS IS A PERMANENT RECORD.

[10-'16-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. Metcalf Hospital St.; Ward)

2 FULL NAME Baby Jacks
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 12 Sea Foam Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

6 DATE OF BIRTH Jan. 15, 1917 (Month) (Day) (Year)

7 AGE — yrs. — mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Winthrop, Mass.

PARENTS

10 NAME OF FATHER Morris Jacks

11 BIRTHPLACE OF FATHER (State or country) Russia

12 MAIDEN NAME OF MOTHER Lena Schneider

13 BIRTHPLACE OF MOTHER (State or country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Father
(Address) 12 Sea Foam Ave.

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 25, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan 15, 1917, to Jan 25, 1917, that I last saw him alive on Jan 24, 1917 and that death occurred, on the date stated above, at 3.45 P.M.

The CAUSE OF DEATH* was as follows:
Inanition
premature baby (weight 4 lbs.)

Did a surgical operation precede death? Date

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds

(Signed) B. J. Metcalf, M.D.
Jan 25, 1917 (Address) Winthrop

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Cem. Woburn, Betty Joseph — DATE OF BURIAL Jan. 26, 1917

20 UNDERTAKER Jacob Stanetsky — ADDRESS Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Belmont
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Belmont (No. Benjamin Road St.; Ward)

2 FULL NAME John J. Bell
[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE Winthrop Mass

Registered No. 8

PERSONAL AND STATISTICAL PARTICULARS

5 SEX: M

6 COLOR OR RACE: W

7 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widower

8 DATE OF BIRTH: May 23, 1844 (Month) (Day) (Year)

9 AGE: 72 yrs. 8 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

10 OCCUPATION
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Mason

11 BIRTHPLACE (State or country): Carleton P.E.I.

PARENTS

12 NAME OF FATHER: John Bell

13 BIRTHPLACE OF FATHER (State or country): Carlisle, Eng.

14 MAIDEN NAME OF MOTHER: Janet Campbell

15 BIRTHPLACE OF MOTHER (State or country): Carlisle, Eng.

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): James C. Bell
(Address): Belmont

17 Filed Jan 26 1917 Chas H. Houlihan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: January 26, 1917 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from Jan 24, 1917, to Jan 26, 1917, that I last saw him alive on Jan 25, 1917 and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) David L. Martin, M.D.
Jan 26, 1917 (Address) 4 Rosedale St Dorch.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

20 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

21 PLACE OF BURIAL OR REMOVAL: Winthrop

DATE OF BURIAL: Jan 29, 1917

22 UNDERTAKER: Edwin L. Derby

ADDRESS: Cambridge

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Jan. 26, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupation a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of .....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 18. 3-'16. 10,000.

[12-'15-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 74, Reed St.; Ward)

2 FULL NAME Hannah Simpson

[If married or divorced woman or widow give maiden name, also name of husband.] Hannah Mullee Edward Simpson

3 RESIDENCE 74 Reed St. Winthrop - Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

5 SEX: F

4 COLOR OR RACE: W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widow

8 DATE OF BIRTH: (Month) (Day) 1 (Year)

7 AGE: 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Ireland.

PARENTS

10 NAME OF FATHER: Thomas Mullee.

11 BIRTHPLACE OF FATHER (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daughter

(Address) 74 Reed St Winthrop

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 30 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from at intervals for several years, 191, that I last saw her alive on Jan 21, 1917, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows: Mitral regurgitation, asthma,

Did a surgical operation precede death? No Date

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Chronic Bronchitis

(Duration) yrs. mos. ds.

(Signed) N. A. Morrison M.D.

Jan 30, 1917 (Address) 80 Princeton St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Cross

DATE OF BURIAL: Feb 1st, 1917

20 UNDERTAKER: R. C. Kirby

ADDRESS: East Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Roxbury (No. 53 Cottage Pk. Rd. St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME William Augustus Monroe

[If married or divorced woman or widow give maiden name, also name of husband.] ~~53 Cottage Pk. Rd.~~

[a] RESIDENCE 53 Cottage Pk. Rd Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M.

[4] COLOR OR RACE: W.

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: Feb. (Month) 9 (Day), 1844 (Year)

[7] AGE: 75 yrs. 11 mos. 22 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Cabinet maker
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Princeton, Mass.

PARENTS

[10] NAME OF FATHER: William Monroe

[11] BIRTHPLACE OF FATHER (State or country): Unknown Mass.

[12] MAIDEN NAME OF MOTHER: Katherine Maynard ~~Capri Unknown~~

[13] BIRTHPLACE OF MOTHER (State or country): Sudbury ~~Unknown~~ Mass.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mr. Verney
(Address): 53 Cottage Pk. Rd.

[15] Filed _____, 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Jany (Month) 31 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Aug, 1916, to Jany 31, 1917, that I last saw him alive on Jany 31, 1917, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:
Acute Cardiac Dilatation
Immediate death.
Contributory Arteria Sclerosis.
& Diabetes (Duration) Diabetes 4 yrs. mos. ds.

Contributory (SECONDARY) Gangrene (Duration) yrs. mos. ds.

(Signed) Emile E. Johnson, M.D.
Jany 31, 1917 (Address) Roxbury Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Mass Crematory Forest Hills Mass — DATE OF BURIAL: Feb. 3, 1917

[20] UNDERTAKER: J. S. Waterman & Sons — ADDRESS: 2326 Washington St

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 36, Center St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME William A. Floyd

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 36 Center St. Winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

[6] DATE OF BIRTH: 4 (Month) 9 (Day), 1861 (Year)

[7] AGE: 55 yrs. 9 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Winthrop

PARENTS

[10] NAME OF FATHER: Wm. B. Floyd

[11] BIRTHPLACE OF FATHER (State or country): Winthrop

[12] MAIDEN NAME OF MOTHER: Hannah B. A. Wilson

[13] BIRTHPLACE OF MOTHER (State or country): Unknown

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hattie Floyd

(Address) 36 Center St.

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: 2 (Month) 2 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Jan. 30, 1917, to Feb. 2, 1917, that I last saw him alive on Feb. 2, 1917, and that death occurred, on the date stated above, at 11 45 P.M.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY) Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles J. Mahoney M.D.

Feb. 2, 1917 (Address) 356 Winthrop St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cemt

DATE OF BURIAL: 2 5, 1917

[20] UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

Winthrop (No. 28 Irwin St St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME GRANVILLE OLIVER AVERY

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 28 IRWIN ST.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: MALE

[4] COLOR OR RACE: WHITE

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): WIDOWED

[6] DATE OF BIRTH: (Month) (Day), 1 (Year)

[7] AGE: 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: RETIRED

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): MIDDLEBORO MASS.

PARENTS

[10] NAME OF FATHER: Unknown

[11] BIRTHPLACE OF FATHER (State or country): Unknown

[12] MAIDEN NAME OF MOTHER: Unknown

[13] BIRTHPLACE OF MOTHER (State or country): Unknown

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): C. O'Callahan

(Address): 22 Pennsylvania Ave SOMMERVILLE

[15] Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Feb (Month) 4th (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Jan 31st, 1917, to Feb 4th, 1917, that I last saw him alive on Feb 4th, 1917, and that death occurred, on the date stated above, at 10.10 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Left upper lobe

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) B. McCall, M.D.

Feb 5th, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: HOLYWOOD CEM. BROOKLINE

DATE OF BURIAL: FEB. 6 1917 191

[20] UNDERTAKER: John F. O'Malley

ADDRESS: WINTHROP

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 19, Coral Ave., St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Herbert G. Gaddis

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 19 Coral Ave. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX M.

[4] COLOR OR RACE W.

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

[6] DATE OF BIRTH May 4, 1894 (Month) (Day) (Year)

[7] AGE 22 yrs. 9 mos. X ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Cambridge Mass.

PARENTS

[10] NAME OF FATHER David Gaddis

[11] BIRTHPLACE OF FATHER (State or country) Ireland

[12] MAIDEN NAME OF MOTHER Sarah Dixon

[13] BIRTHPLACE OF MOTHER (State or country) Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David Gaddis

(Address) 19 Coral Ave. Winthrop

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Feb. 4, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Feb 2nd, 1917, to Feb. 4, 1917, that I last saw him alive on Feb. 4th, 1917, and that death occurred, on the date stated above, at 9.40 P.m.

The CAUSE OF DEATH* was as follows:

Hemophilia (congenital)

Hemorrhage from stomach & Bowels

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. J. Petrey, M.D.

Feb 6th, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Mt Pleasant Cem. Arlington Mass.

DATE OF BURIAL Feb. 7, 1917

[20] UNDERTAKER David Judge & Son

ADDRESS Cambridge

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. Metcalf Hospital St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Mary Archdeacon

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 19 Greenock St Dor.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

[6] DATE OF BIRTH: Feb 3, 1917 (Month) (Day) (Year)

[7] AGE: ....yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

[9] BIRTHPLACE (State or country): Winthrop

PARENTS

[10] NAME OF FATHER: John J. Archdeacon

[11] BIRTHPLACE OF FATHER (State or country): Boston.

[12] MAIDEN NAME OF MOTHER: Florence Manning

[13] BIRTHPLACE OF MOTHER (State or country): E Boston

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John J. Archdeacon

(Address) 19 Greenock St Dor.

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Feb 5th, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Feb 3rd, 1917, to Feb 5th, 1917, that I last saw him alive on Feb 5, 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor

(Duration) — yrs. — mos. 2 ds.

Contributory (SECONDARY) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) Augustus L. Tallman, M.D.

Feb 6, 1917 (Address) E Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, If not at place of death? ....

Former or usual residence ....

[19] PLACE OF BURIAL OR REMOVAL: Lot Maiden

DATE OF BURIAL: Feb 6, 1917

[20] UNDERTAKER: Wm J. O'Malley

ADDRESS: Winthrop

Feb. 5, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 4 Faxon Ave St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Roland Wm Gilbert Webster

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 14 Pebble

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

[6] DATE OF BIRTH: Dec. (Month) 22 (Day), 1916 (Year)

[7] AGE: 0 yrs. 2 mos. 10 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

[9] BIRTHPLACE (State or country): Winthrop Mass

PARENTS

[10] NAME OF FATHER: Roland Wm Gilbert Webster

[11] BIRTHPLACE OF FATHER (State or country): Boston

[12] MAIDEN NAME OF MOTHER: Helen R. Case

[13] BIRTHPLACE OF MOTHER (State or country): Boston

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Father

(Address) 14 Pebble Ave Revere

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Feb. (Month) 8th (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Feb. 3d, 1917, to Feb. 8th, 191..., that I last saw him alive on Feb. 7, 1917, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis - (Parenchymatous)

(Duration) ... yrs. ... mos. 6 ds.

Contributory (SECONDARY) Grippe

(Duration) ... yrs. ... mos. 10 ds.

(Signed) M. J. Porter, M.D.

Feb. 8, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Mass

DATE OF BURIAL: Feb. 10, 1917

[20] UNDERTAKER: Walter White

ADDRESS: Revere Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME OCTAVIUS MASON

Registered No. 1706

Place of Death and Residence: Boston 12 BENNINGTON ST.

Date of Death FEB. 9 1917, Age 84 years months 28 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	W

Maiden Name

Husband's Name

Birthplace ENGLAND

Name of Father THOMAS MASON

Birthplace of Father ENGLAND

Maiden Name of Mother -----

Birthplace of Mother ENGLAND

Occupation ENGINEER (RETIRED)

Informant

Place of Burial or removal EVERETT (WOODLAWN)

Undertaker E.G. BROWN & SON

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) CEREBRAL EMBOLISM

Contributory: (Duration) ARTERIO-SCLEROSIS

(Signed) W. A. MORRISON M.D.

FEB. 9 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP (42 BEAL ST)

Filed FEB. 13 1917.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTON, MASS. SIGILLUM PATRIBUS FIDELIS BOSTONIA CONDITA A.D. 1630. CIVITATIS REGIMINE DONATA A.D. 1822

WHITE FLANNEL WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[10-'16-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~ (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 31, Thornton St.; Ward)

[2] FULL NAME Joseph Almeida Flores

[If married or divorced woman or widow give maiden name, also name of husband.] —

[a] RESIDENCE 31 Thornton St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH: Oct. (Month) 2 (Day), 1870 (Year)

[7] AGE: 46 yrs. 4 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Coal

[9] BIRTHPLACE (State or country): Provincetown, Mass.

PARENTS

[10] NAME OF FATHER: Joseph Flores

[11] BIRTHPLACE OF FATHER (State or country): unknown

[12] MAIDEN NAME OF MOTHER: Unknown

[13] BIRTHPLACE OF MOTHER (State or country): unknown

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Edith E. Flores

(Address) 31 Thornton St.

[15] Filed ....., 191.... .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: February (Month) 9 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Feby 4, 1917, to Feby 9, 1917, that I last saw him alive on Feby 9, 1917 and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

Did a surgical operation precede death? No Date —

(Duration) X yrs. X mos. 7 ds.

Contributory (SECONDARY) X

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Orville E. Johnson, M.D.

Feby 9, 1917 (Address) Winthrop Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Mass

DATE OF BURIAL: Feb. 11, 1917

[20] UNDERTAKER: M. J. Kelly

ADDRESS: 11 Meridian St. E. Boston.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[12-'15-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 65 Revere St.; Ward)

[2] FULL NAME Andrew Ernest Reekie
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 65 Revere St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: Feb. 4 1856 (Month) (Day) (Year)

[7] AGE: 61 yrs. mos. ds.

If LESS than 1 day hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Worcester Mass

PARENTS

[10] NAME OF FATHER: James Reekie

[11] BIRTHPLACE OF FATHER (State or country): Scotland

[12] MAIDEN NAME OF MOTHER: Elizabeth Miller

[13] BIRTHPLACE OF MOTHER (State or country): Scotland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs Reekie
(Address): 65 Revere St.

[15] Filed _____, 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Feb. 15 (Month) (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Feb 12, 1917, to Feb 15, 1917, that I last saw him alive on Feb 15, 1917, and that death occurred, on the date stated above, at 9.30 A.m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
Arterial sclerosis

Did a surgical operation precede death? no Date

(Duration) yrs. mos. 3 ds.

Contributory (SECONDARY) Chronic interstitial nephritis
(Duration) 2 yrs. mos. ds.

(Signed) Raymond B Parker, M.D.
Feb 15, 1917 (Address) 148 Winthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Forestdale Cem
DATE OF BURIAL: Feb. 17, 1917

[20] UNDERTAKER: C A Rollins
ADDRESS: E Boston

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

[10-'16-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 54, Locust St.; Ward)

2 FULL NAME Jennie E O'Malloe

[If married or divorced woman or widow give maiden name, also name of husband.] Jennie E Healey wife Patrick M O'Malloe

a RESIDENCE 54 Locust St Winthrop

Registered No.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct. 7th 1862 (Month) (Day) (Year)

7 AGE: 54 yrs. 4 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House-Wife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Boston Mass

PARENTS

10 NAME OF FATHER: James Healey

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Patrick M O'Malloe
(Address) 54 [illegible]

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 15, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb 10, 1917, to Feb 15, 1917, that I last saw h. alive on Feb 14, 1917, and that death occurred, on the date stated above, at 2.30 A.M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia (right lower lobe)

Did a surgical operation precede death? No Date

(Duration) yrs. mos. 6 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) B J Poretcaf M.D.
Feb 16, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL W. Roxb. Calvary Cemetery

DATE OF BURIAL Feb 17, 1917

20 UNDERTAKER P J McCarthy

ADDRESS Charlestown

Feb. 15, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Everett (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH: Everett (No. Fuller St. Tuberculosis Hospital Ward)

2 FULL NAME: Alonzo E. Moore

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE: Winthrop, Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Ethropian

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov. 14, 1898 (Month) (Day) (Year)

7 AGE: 17 yrs. 3 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At School
(b) General nature of Industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Malden

PARENTS

10 NAME OF FATHER: Alonzo A. Moore

11 BIRTHPLACE OF FATHER (State or country): Barbadoes

12 MAIDEN NAME OF MOTHER: ——— Franklin

13 BIRTHPLACE OF MOTHER (State or country): Barbadoes

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Alonzo A. Moores

(Address): Winthrop, Mass.

15 Filed Feb. 19, 1917 Joseph H. Sannell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 16 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb. 2, 1917, to Feb. 16, 1917, that I last saw him alive on Feb. 16, 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY): Pulmonary tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Richard H. Morris, M.D.

Feb. 16, 1917 (Address) Everett

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cem. Win. DATE OF BURIAL: Feb. 18, 1917

20 UNDERTAKER: W. C. Skaggs ADDRESS: Winthrop

Feb. 16, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 18. 3-'16. 10,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF **BOSTON**

FULL NAME JOHN J. MC GLINCEY

Registered No. 1941

Place of Death and Residence: Boston MASS.HOMEO.HOSPT.

Date of Death FEB.16 1917, Age 4 years 3 months 1 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father JOHN J.MC GLINCEY

Birthplace of Father BOSTON

Maiden Name of Mother MARY MC PHERSON

Birthplace of Mother -----N.S.S

Occupation -----

Informant

Place of Burial or removal CALVARY(NEW)

Undertaker J.F.O MALEY WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) SCARLET FEVER - 1 MONTH

Contributory: (Duration) ACUTE NEPHRITIS - 3 DAYS

(Signed) S.A.CLEMENT M.D.

FEB.16 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT. 1 MONTH

Usual Residence WINTHROP(64 PROSPECT AV)

Filed FEB.20 1917.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Feb 16, 1917

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH 1917.

CITY OF **BOSTON**

FULL NAME SUSAN S. BOWSER

Registered No. 2087

Place of Death and Residence: Boston ELM HILL HOSP.

Date of Death FEB 18 1917, Age 72 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	WIDOWED

Maiden Name: STODDARD

Husband's Name: WILLIAM L. BOWSER

Birthplace: BOSTON MASS

Name of Father: ISAIAH STODDARD

Birthplace of Father: BOSTON MASS

Maiden Name of Mother: ELIZABETH M CLARK

Birthplace of Mother: ----- N.H.

Occupation: -----

Informant:

Place of Burial or removal: BOSTON (MT. HOPE)

Undertaker: J. S. WATERMAN & SONS

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) CERE. HEMORRHAGE (3RD ATTACK)

Contributory: (Duration) ARTERIO-SCLEROSIS- SENILITY)

(Signed) CHARLES B. DARLING M.D.

FEB 19 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP

Filed FEB 24 1917.

A true copy. Attest: E. W. McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

4161'81 80 t

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 566 Shirley St.; Ward)

2 FULL NAME Dr. H. Mason Perkins

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Winthrop 566 Shirley St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: About 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Dentist
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Plymouth, Mass

PARENTS

10 NAME OF FATHER: Thomas Perkins

11 BIRTHPLACE OF FATHER (State or country): Plymouth

12 MAIDEN NAME OF MOTHER: Betsy Sampson

13 BIRTHPLACE OF MOTHER (State or country): Plymouth

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. H. M. Perkins
(Address) 566 Shirley St

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 2 (Month) 19 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from 1916, 191, to Feb 19, 1917, that I last saw him alive on Feb 19, 1917, and that death occurred, on the date stated above, at 8.50 p.m.

The CAUSE OF DEATH* was as follows:
General arterio sclerosis.
Mitral regurgitation.
Chronic Endocarditis
(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) B I Metcalf, M.D.
Feb 21, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Hope Cemt
DATE OF BURIAL: 2-22-, 1917

20 UNDERTAKER: W. C. Skaggs
ADDRESS: Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

8609 Winthrop (City or town.)

STANDARD CERTIFICATE OF DEATH

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Yacht Club No. ..... St. ..... Ward)

2 FULL NAME Samuel J. Golding

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE New Winthrop Hotel

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Divorced

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE: 78 yrs. 6 mos. —— ds.

If LESS than 1 day, ... hrs. or ..... min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Shipfitter

(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Cambridge N.B.

PARENTS

10 NAME OF FATHER: John Golding

11 BIRTHPLACE OF FATHER (State or country): Cambridge, N.B.

12 MAIDEN NAME OF MOTHER: Elizabeth Adams

13 BIRTHPLACE OF MOTHER (State or country): Cambridge N.B.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Horton N. Chamberlain

(Address) 45 Chester Ave.

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. (Month) 20 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes: Character indeterminate, presumably cardio-vascular disease. (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) (Found dead) (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jerry Burgess Magrath, M.D.

Feb 21, 1917 (Address) .....

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Winthrop

DATE OF BURIAL: 2-23, 1917

20 UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 7-'16. 5,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 369 Winthrop St.; Ward)

2 FULL NAME Annie Churchill
[If married or divorced woman or widow give maiden name, also name of husband.] Burk, John C.

a RESIDENCE 369 Winthrop St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): M.

6 DATE OF BIRTH: Sept 5, 1846 (Month) (Day) (Year)

7 AGE: 70 yrs. 5 mos. 17 ds.
If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Magdalen Islands

PARENTS

10 NAME OF FATHER: William R. Burk

11 BIRTHPLACE OF FATHER (State or country): Bay Fortune, Prince Edward Island

12 MAIDEN NAME OF MOTHER: Ann Eulalie Calbeck

13 BIRTHPLACE OF MOTHER (State or country): Magdalen Islands Canada

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Eulalie Churchill (daughter)
(Address) 369 Winthrop St.

15 Filed ....., 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 22, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from 1915, 191..., to Feb 22, 1917, that I last saw h[illegible] alive on Feb 21, 1917, and that death occurred, on the date stated above, at 6.40 A.M.

The CAUSE OF DEATH* was as follows:
General arteriosclerosis
Cerebral haemorrhage
(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. P. McCall, M.D.
Feb 23, 1917 (Address) Winthrop Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: North Parsonsfield, Me.
DATE OF BURIAL: Feb. 26, 1917

20 UNDERTAKER: W. C. Skaggs
ADDRESS: Winthrop

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[10-'16-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass. Cliff House St.; ..... Ward)

2 FULL NAME Andrew J. Welch
[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE Hartford Conn

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 55? yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min ?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Unknown

PARENTS

10 NAME OF FATHER: " "

11 BIRTHPLACE OF FATHER (State or country): " "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (State or country): " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph H. Ringot
(Address) 91 Westland Ave.

15 Filed ....., 191..... Boston
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February (Month) 26. (Day), 1917. (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb. 21., 1917, to Feb. 26, 1917, that I last saw him alive on Feb. 26, 1917, and that death occurred, on the date stated above, at 1-30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

Did a surgical operation precede death? Date .....

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (SECONDARY) Acute Parenchy. Nephritis

(Duration) ..... yrs. ..... mos. 3 ds

(Signed) William J. Pope, M.D

Feb. 26, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Hartford Conn

DATE OF BURIAL: Feb. 28, 1917

20 UNDERTAKER: David H. Curtis

ADDRESS: Boston 387 Dudley St

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Feb. 26, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

HOLYOKE (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH HOLYOKE (No. Brightside Inst. St.; 3 Ward)

2 FULL NAME Mary Helen Murphy

[If married or divorced woman or widow give maiden name, also name of husband.] —

a RESIDENCE Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: January (Month) 31 (Day), 1917 (Year)

7 AGE: — yrs. 1 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Mass

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): —

12 MAIDEN NAME OF MOTHER: Helen Murphy

13 BIRTHPLACE OF MOTHER (State or country): Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sisters of Providence

(Address) Holyoke

15 Filed Mar. 8, 1917 John F. Russell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 6 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb 26, 1917, to March 4, 1917, that I last saw her alive on March 4, 1917, and that death occurred, on the date stated above, at 7-30 A.M.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Disease

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Hughes, M.D.

Mar 6, 1917 (Address) 243 Maple St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. — mos. 18 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Calvary Chicopee

DATE OF BURIAL: Mar. 8, 1917

20 UNDERTAKER: D. F. Barry

ADDRESS: Chicopee

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH: WINTHROP (No. 507 SHIRLEY St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME: MICHAEL AMBROSE GRIMES.

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE: 507 SHIRLEY ST.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: MALE

[4] COLOR OR RACE: WHITE

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): MARRIED

[6] DATE OF BIRTH: (Month) (Day), 1 (Year)

[7] AGE: 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: RETIRED

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): BOSTON MASS

PARENTS

[10] NAME OF FATHER: JOHN

[11] BIRTHPLACE OF FATHER (State or country): UNKNOWN

[12] MAIDEN NAME OF MOTHER: UNKNOWN

[13] BIRTHPLACE OF MOTHER (State or country): UNKNOWN

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): SOPHIA A. GRIMES

(Address): 507 SHIRLEY ST

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: March (Month) 6 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Feb. 18, 1917, to March 6, 1917, that I last saw him alive on March 6, 1917, and that death occurred, on the date stated above, at 2 45 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. mos. 3 ds.

Contributory (SECONDARY): arterio-sclerosis

(Duration) yrs. mos. ds.

(Signed) Charles F. Mahoney M.D.

March 7, 1917 (Address) 856 Winthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: CALVARY CEMETERY

DATE OF BURIAL: MAR. 8, 1917

[20] UNDERTAKER: JOHN F. O'MALEY

ADDRESS: WINTHROP

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME CHARLES A. GRANT

Registered No. 2765

Place of Death and Residence: Boston MASS.HOMEO.HOSPT.

Date of Death MAR.8 1917, Age 69 years 4 months 22 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace KENNEBUNKPORT.ME.

Name of Father IRA GRANT

Birthplace of Father YORK.ME.

Maiden Name of Mother MARY MERRILL

Birthplace of Mother KENNEBUNKPORT.ME.

Occupation WHOLESALE FISH DEALER (RETIRED)

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) PULM.EMBOLISM

Contributory: (Duration) OPR.FOR HERNIA FEB.20.1917

(Signed) W.F.WOOD M.D.

MAR.8 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Place of Burial or removal WINTHROP(WINTHROP CEM.)

Undertaker C.R.BENNISON WINTHROP

Usual Residence WINTHROP(85 SARGENT ST)

Filed MAR.12 1917.

A true copy. Attest: E.W.McGlenen

Registrar.

March 8, 1917

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF
BOSTON

FULL NAME FRANK H.CONVERSE

Registered No. 2827

Place of Death and Residence: Boston CITY HOSPT.

Date of Death MAR.8 1917, Age 54 years 1 months 1 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father BENNING CONVERSE

Birthplace of Father STAMFORD.CONN.

Maiden Name of Mother MARY A. SAUNDERS

Birthplace of Mother AT SEA

Occupation CLERK

Informant

Place of Burial or removal CEDAR GROVE

Undertaker J.S.WATERMAN & SONS

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) SEPTIC FRACTURE BOTH BONES OF LEG-SEPTIC HAND

Contributory: (Duration) ACC.FALL FROM LADDER

(Signed) T.LEARY MED.EX. M.D.

MAR.9 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP (118 LOCUST ST)

Filed MAR.13 1917.

A true copy. Attest: E.W.M. Glenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTON, MASS. SICUT PATRIBUS SIT DEUS NOBIS BOSTONIA CONDITA A.D. 1630. CIVITATIS REGIMINE DONATA A.D. 1822.

March 8, 1917

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

8647 Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH: Winthrop - B.R.R. & L.R.R., Playstead St. (No. ...) (Ward)

[2] FULL NAME: Albert Colter

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE: 375 Shirley St., Winthrop

Registered No. 126

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

[6] DATE OF BIRTH: ..., 1... (Month) (Day) (Year)

[7] AGE: 11 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): ...

[9] BIRTHPLACE (State or country): Winthrop

PARENTS

[10] NAME OF FATHER: Daniel

[11] BIRTHPLACE OF FATHER (State or country): Lunicy

[12] MAIDEN NAME OF MOTHER: Ellen F. McCary

[13] BIRTHPLACE OF MOTHER (State or country): Boston

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Esther Colter
(Address): 375 Shirley St

[15] Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: March 9, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased. 175

The CAUSE OF DEATH* was as follows:

Multiple injuries including fracture of the Pelvis of the femur and of the leg (compound) and crush of the body caused by a Steam (Duration) ... mos. ... ds.

Contributory (Secondary) (Duration) ... mos. ... ds.

(Signed) Leroy Burgess Magnetti, M.D.

Mar. 10 1917 (Address) ...

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

[19] PLACE OF BURIAL OR REMOVAL: St Josephs — DATE OF BURIAL: Mar 10 1917

[20] UNDERTAKER: John F. Malay — ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 7-'16. 5,000.

N B – Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

Chelsea, Mass. (No. ....., Frost Hospital St.; ..... Ward) ..... (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME ----- Flynn

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 62 Park Ave., Winthrop, Mass.

Registered No. 205

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: ----, 1..... (Month) (Day) (Year)

[7] AGE: ..... yrs. ----- mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: -----

(b) General nature of industry, business, or establishment in which employed (or employer): .....

[9] BIRTHPLACE (State or country): Chelsea, Mass.

PARENTS

[10] NAME OF FATHER: Daniel Flynn

[11] BIRTHPLACE OF FATHER (State or country): Boston, Mass.

[12] MAIDEN NAME OF MOTHER: A gnes Hart

[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daniel Flynn

(Address) 62 Park Ave. Winthrop

[15] Filed Mar. 19, 1917 Geo. M. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: March 12, 1917, 191..... (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Mar. 12, '17, to ---, 191....., that I last saw h--- alive on ------, 191....., and that death occurred, on the date stated above, at ----- m.

The CAUSE OF DEATH* was as follows:

Still Born

..... (Duration) ..... yrs. ----- mos. ..... ds.

Contributory (SECONDARY) ----

..... (Duration) ----- yrs. ..... mos. ..... ds.

(Signed) J. H. Strong, M.D.

Mar. 12, 1917 (Address) 211 Saratoga

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ----- yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ----

Former or usual residence: -----

[19] PLACE OF BURIAL OR REMOVAL: Bunker Hill Cem.

DATE OF BURIAL: Mar. 14, 1917

[20] UNDERTAKER: Thos. J. Lane

ADDRESS: E. Boston,

mar 14, 1917

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH STRIPES AND INK. THIS IS A PERMANENT RECORD.

8788

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Boston Bay — off Winthrop (No. — St., Ward)

2 FULL NAME James Joseph McQueeney

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 23 South Elm, Lynn

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

6 DATE OF BIRTH: Jan. ? 1895 (Month) (Day) (Year)

7 AGE: 22 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Lynn Mass.

PARENTS

10 NAME OF FATHER: Thomas McQueeney

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Geoghegan

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas McQueeney
(Address) 23 Elm St. Lynn Mass

15 Filed ....., 191.. .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 22, 1917 (Month) (Day) (Year)
(Body recd Apr. 30)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Drowning, accidental,

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Leon Bergen Hagenth, M.D.
April 30 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Joseph Cem. Lynn Mass

DATE OF BURIAL: May 1, 1917

20 UNDERTAKER: Michael P. Hovern

ADDRESS: Lynn Mass

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

8679

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop Shore Drive
(No. St., Ward)

2 FULL NAME James A. Doyle
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 64 Endicott Ave. Beachmont, Revere,

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word)

6 DATE OF BIRTH: December 24, 1866 (Month) (Day) (Year)

7 AGE: 51 yrs. 3 mos. ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Abbington Mass

PARENTS

10 NAME OF FATHER: John Daud

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Shanahan

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Wife
(Address): 64 Endicott Ave. Beachmont

15 Filed, 191
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 24, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:
Crush of the Chest with associated rupture of the Heart, Lung, and Liver, and Crushing Haemorrhage and Shock, Instantaneous yrs. under ds.
~~Contributory causes~~ unknown.
(SECONDARY)
(Duration) yrs. mos. ds.

(Signed) Jorge Burgess Magrath, M.D.
March 24, 1917 (Address)
MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cebra
DATE OF BURIAL: 3/27/17, 191

20 UNDERTAKER: John Cowley
ADDRESS: 1050 Mass Ave Cambr

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., [illegible] *coma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 7-'16. 5,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH STANDARD INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 41 Pearl Ave St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Minnie E Wakefield

[If married or divorced woman or widow give maiden name, also name of husband.] Hickey — Archie C

[a] RESIDENCE 41 Pearl Ave Winthrop Mass. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH: ....., 1..... (Month) (Day) (Year)

[7] AGE: 43 yrs. 11 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

[9] BIRTHPLACE (State or country): Boston Mass

PARENTS

[10] NAME OF FATHER: George Hickey

[11] BIRTHPLACE OF FATHER (State or country): Ireland

[12] MAIDEN NAME OF MOTHER: Ann O'Brien

[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Archie C Wakefield

(Address) 41 Pearl Ave Winthrop

[15] Filed ..... 191..... ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: March 25, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Feb., 1917, to March 25, 1917, that I last saw her alive on March 25, 1917, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles J. Mahoney, M.D.

March 27, 1917 (Address) 356 Winthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Holy Cross Malden

DATE OF BURIAL: Mar 28, 1917

[20] UNDERTAKER: Joseph D Kelly

ADDRESS: Charlestown

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

8691

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop - Maternity Hospital - St., Ward)

2 FULL NAME John Frost -
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 134 Hampden St Roxbury -

Registered No. 906

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): unknown

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE: Est 60 yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): unknown

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address)

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 27, 1917 (Month) (Day), (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:
Natural Causes: 120-155
Presumably cardio-vascular disease or Spontaneous haemorrhage of the Brain (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (SECONDARY) (Sudden death)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Lizzy Burgess Magoun, M.D.
March 28 1917 (Address)
MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Fairview Cem.

DATE OF BURIAL ....., 191.....

20 UNDERTAKER: F. Waterman & Sons

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

8721

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[1] PLACE OF DEATH
Boston Harbor, off Winthrop Beach St., ... Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Matthew O. Parsby.
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 63 Franklin St., Lynn.

Registered No. 1361

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE: W.

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: Sept. (Month) 19 (Day), 1898 (Year)

[7] AGE: 18 yrs. 6 mos. 10 ds.
If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Grocery Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Lynn

PARENTS

[10] NAME OF FATHER: Albert W.

[11] BIRTHPLACE OF FATHER (State or country): Lynn

[12] MAIDEN NAME OF MOTHER: Mary M. Fox

[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert W. Parsby
(Address) 63 Franklin St

[15] Filed ....., 191.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: March 29, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Drowning, accidental.
(Shipwreck) 1 hr.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leroy Burgess Magrath, M.D.
April 7, 1917 (Address)
MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: St Josephs, Lynn
DATE OF BURIAL: Apr. 9, 1917

[20] UNDERTAKER: John C. Donovan
ADDRESS: 9 School St

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 7-'16. 5,000.

8716

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Boston Harbor (Beacon Winthrop Beach) Ward)

[2] FULL NAME Clarence D. Malvoon

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 480 Lawrence St, Lynn

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: Aug 12 1897 (Month) (Day) (Year)

[7] AGE: 19 yrs. 7 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): General Electric Co

[9] BIRTHPLACE (State or country): Lynn

PARENTS

[10] NAME OF FATHER: Arthur W Malvoy

[11] BIRTHPLACE OF FATHER (State or country): N. S.

[12] MAIDEN NAME OF MOTHER: Elizabeth Cockeley

[13] BIRTHPLACE OF MOTHER (State or country): England

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Elizabeth Malvoy

(Address) 480 Lawrence St, Lynn

[16] Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[10] DATE OF DEATH: March 29, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Drowning, accidental

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leroy Bryant Magoun, M.D.

April 6, 1917 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Ballston Spa N.Y.

DATE OF BURIAL: April 10, 191.....

[20] UNDERTAKER: A E Brick

ADDRESS: Lynn

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME CHARLES WEST

Registered No. 3580

Place of Death and Residence: Boston CARNEY HOSPT.

Date of Death MAR.29 1917, Age 72 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	W

Maiden Name

Husband's Name

Birthplace ENGLAND

Name of Father THOMAS WEST

Birthplace of Father ENGLAND

Maiden Name of Mother RACHEL THORNTON

Birthplace of Mother ENGLAND

Occupation LABORER

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) AORTIC REGURGITATION --

CHR.INTERSTITIAL NEPHRITIS

Contributory: (Duration)

(Signed) D. J. HERLIHY M.D.

MAR.29 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal EVERETT(GLENWOOD)

Undertaker A.T.DOUGLASS

CHELSEA

Usual Residence WINTHROP(187 BOWDOIN ST)

Filed MAR.31 1917.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

March 29, 1917

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
N. B.—Every item of information must be entered.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8804

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Boston Bay - found on Winthrop Beach Ward)

2 FULL NAME Lester McClearn

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 56 Warren St., Lynn

Registered No. 2576

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Unknown (Month) (Day) 1 (Year)

7 AGE: 22 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Nova Scotia

PARENTS

10 NAME OF FATHER: Edward McClearn

11 BIRTHPLACE OF FATHER (State or country): Nova Scotia

12 MAIDEN NAME OF MOTHER: Sarah Flynn

13 BIRTHPLACE OF MOTHER (State or country): Nova Scotia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward McClearn

(Address) 56 Warren St. Lynn Mass.

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 29, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Drowning, accidental

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Leroy Burgess Smyth, M.D.

May 7 1917 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St. Mary's Cemt. Lynn Mass. DATE OF BURIAL: May 8, 1917

20 UNDERTAKER: J. H. Corcoran Lynn Mass. ADDRESS

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

8803

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Boston Bay, (No. off Winthrop St., Ward) (found Winthrop Beach)

2 FULL NAME George H. Gaffney
[If married or divorced woman, or widow give maiden name, also name of husband.]

4 RESIDENCE 6 Essex St. Lynn

Registered No. 2577

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): single

6 DATE OF BIRTH: Unknown, ... (Month) (Day) (Year)

7 AGE: 19 yrs. 3 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Machinist Helper
(b) General nature of industry, business, or establishment in which employed (or employer): Gen. Electric Co.

9 BIRTHPLACE (State or country): Lynn Mass.

PARENTS

10 NAME OF FATHER: James Gaffney

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget McGurzin

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Gaffney
(Address) 6 Essex St. Lynn Mass

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 29, 1917 (Month) (Day) (Year) (Found May 6)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Drowning, accidental.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) George Burgess Magnotta, M.D.
May 6, 1917 (Address) .....
MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: St. Joseph's Cemt. Lynn Mass.
DATE OF BURIAL: May 8, 1917

20 UNDERTAKER: F. H. Corcoran
ADDRESS: Lynn Mass.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH: Winthrop (No. Boston Harbor St.; Ward) — Boston (City or town.) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME: FRANCIS GIRARD,
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE: 8 Fosdick Terrace, Lynn, Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single.

[6] DATE OF BIRTH: June (Month) 7 (Day), 1899 (Year)

[7] AGE: 17 yrs. 10 mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Exeter, N. H..

PARENTS

[10] NAME OF FATHER: James Girard

[11] BIRTHPLACE OF FATHER (State or country): Canada,

[12] MAIDEN NAME OF MOTHER: Elizabeth Watson

[13] BIRTHPLACE OF MOTHER (State or country): Scotland.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. James Girard (Mother)
(Address) 8 Fosdick Terrace, Lynn.

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: March (Month) 29 - 30 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:
Drowning, accidental (shipwreck.)

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible], M.D.
Apr. 7, 1917 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: St. Mary's Cem. Lynn. Mass..

DATE OF BURIAL: Apr. 8, 1917.

[20] UNDERTAKER: M. P. Haven,

ADDRESS: Lynn, Mass..

Mech. 29-30 1117

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

8719

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[1] PLACE OF DEATH (No. Boston Harbor St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Robert H. Robertson.
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 43 Pond Street, Nahant, Mass. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: May (Month) 19 (Day) 1897 (Year)

[7] AGE: 19 yrs. 10 mos. 11 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Auto

[9] BIRTHPLACE (State or country): Nahant Mass.

PARENTS

[10] NAME OF FATHER: Robert H Robertson

[11] BIRTHPLACE OF FATHER (State or country): Nahant Mass.

[12] MAIDEN NAME OF MOTHER: Caroline M JOhnson

[13] BIRTHPLACE OF MOTHER (State or country): Sweeden

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arthur Robertson
(Address) 43 Pond St. Nahant

[15] Filed ..., 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: March (Month) 29 – 30 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Drowning, accidental
(Shipwreck)
(Duration) yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) Jorge Burgess Magnotta, M.D.
April 7, 1917 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Nahant Mass
DATE OF BURIAL: Apl. 8, 1917

[20] UNDERTAKER: Fred W Young
ADDRESS: Lynn Mass

Mch. 29-30, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

8717 Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Boston Harbor (No. off Winthrop Beach St., ... Ward)

2 FULL NAME Antonio Scala

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE 296 Washington St., Lynn

Registered No. 1397

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 20 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Italy

PARENTS

10 NAME OF FATHER: Joseph Scala

11 BIRTHPLACE OF FATHER (State or country): Italy

12 MAIDEN NAME OF MOTHER: Jennie Pappe

13 BIRTHPLACE OF MOTHER (State or country): Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph Scala
(Address) 296 Washington St. Lynn

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 29, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Drowning, accidental, (Shipwreck) 164

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leo Burgess Magrath, M.D.

April 5, 1917 (Address) .....

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Oak Grove Cem. Lynn Mass. DATE OF BURIAL: April March 30 1917

20 UNDERTAKER: J. H. Corcoran ADDRESS: Lynn Mass.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

8718

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH: Winthrop (No. Boston Harbor St.; Ward) Boston (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME: MARTIN H. BROWN Jr

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE: 65 Shepard St., Lynn.

Registered No. 1356

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: (Month) (Day), 1 (Year)

[7] AGE: 20 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): General Electric Lynn Mass

[9] BIRTHPLACE (State or country): Lynn Mass

PARENTS

[10] NAME OF FATHER: Martin H Brown

[11] BIRTHPLACE OF FATHER (State or country): Lynn Mass

[12] MAIDEN NAME OF MOTHER: Sarah J Prince

[13] BIRTHPLACE OF MOTHER (State or country): Lynn Mass

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): M H Brown Father

(Address): 65 Shepard St Lynn

[15] Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: March 29 (Month) – 30 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Drowning, accidental (shipwreck).

169

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Jerg Burgess Magnuth, M.D.

April 7, 1917 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Holy Cross Lynn Mass

DATE OF BURIAL: Apr 9, 1917

[20] UNDERTAKER: C. H. Grimwood

ADDRESS: 142 Portland St

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas Poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

3715.

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. Boston Harbor St.; Ward) Boston. (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME JOHN F. MURPHY.

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 55 Franklin Street, Lynn, Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: July (Month) 5 (Day), 1897 (Year)

[7] AGE: 19 yrs. 9 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Lynn, Mass..

PARENTS

[10] NAME OF FATHER: Felix Murphy.

[11] BIRTHPLACE OF FATHER (State or country): Ireland

[12] MAIDEN NAME OF MOTHER: Catherine Cotter

[13] BIRTHPLACE OF MOTHER (State or country): Lawrence, Mass..

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Felix Murphy (father)
(Address) 55 Franklin St. Lynn.

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: March (Month) 29 - 30 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Drowning, accidental (shipwreck).

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Lorz Burgess Magnuson, M.D.

Apr. 7, 1917 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: St. Mary's Cem. Lynn.

DATE OF BURIAL: Apr. 9, 1917.

[20] UNDERTAKER: M. P. Haven,

ADDRESS: Lynn, Mass.

Mch. 29.30, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. 20 Charles St St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Child of Howard L. Hodgdon
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 20 Charles St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH ..., 1 (Month) (Day) (Year)

[7] AGE ... yrs. ... mos. ... ds.
If LESS than ~~1 day~~ 6 hrs. or ... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

[9] BIRTHPLACE (State or country): 20 Charles St

PARENTS

[10] NAME OF FATHER: Howard L. Hodgdon

[11] BIRTHPLACE OF FATHER (State or country): East Waterboro Mass

[12] MAIDEN NAME OF MOTHER: Doris Gatter

[13] BIRTHPLACE OF MOTHER (State or country): Everett Mass

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Howard E. Hodgdon
(Address) # 20 Charles St

[15] Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH April 3d, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Apr. 2d, 1917, to Apr. 3d, 1917, that I last saw her alive on Apr. 2d, 1917, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Premature birth 6 hrs.
(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) ...
(Duration) ... yrs. ... mos. ... ds.

(Signed) W. J. Parte, M.D.
Apr. 3, 1917 (Address) Winthrop.

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL (Everett) Glenwood Cem
DATE OF BURIAL ..., 191...

[20] UNDERTAKER L. E. Henderson
ADDRESS 484 Broadway Everett

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

April 3, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop Beach (No. 18 Beacon St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Catherine A. Dalton
[If married or divorced woman or widow give maiden name, also name of husband.] Dalton Joseph W. Dalton
[a] RESIDENCE 18 Beacon St Winthrop Beach Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female
[4] COLOR OR RACE: White
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

[7] AGE 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer).....

[9] BIRTHPLACE (State or country) Ireland

PARENTS
[10] NAME OF FATHER Unknown
[11] BIRTHPLACE OF FATHER (State or country) Ireland
[12] MAIDEN NAME OF MOTHER Unknown
[13] BIRTHPLACE OF MOTHER (State or country) Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph W. Dalton
(Address) 18 Beacon St Winthrop Beach

[15] Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH April 3, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Sept, 1916, to April 3, 1917, that I last saw her alive on April 2, 1917, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (SECONDARY) Intestines
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Harvey A. Kelly, M.D.
April 3, 1917 (Address) 200 Pleasant St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL Holy Cross Malden
DATE OF BURIAL April 5, 1917

[20] UNDERTAKER C. E. A. Hearn
ADDRESS 555 Broadway Everett

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. 36, Plummer Ave. Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Mary Grey McNaught
[If married or divorced woman or widow give maiden name, also name of husband.] Grey - Alex McNaught
[a] RESIDENCE Winthrop. 36 Plummer Ave. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F.
[4] COLOR OR RACE W
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widowed

[6] DATE OF BIRTH 9 (Month) 5 (Day), 1820 (Year)

[7] AGE 96 yrs. 7 mos. 4 ds. If LESS than 1 day, hrs. or min. ?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Eng. St. Johns N.B.

PARENTS
[10] NAME OF FATHER Edward Grey
[11] BIRTHPLACE OF FATHER (State or country) Eng.
[12] MAIDEN NAME OF MOTHER Dawson
[13] BIRTHPLACE OF MOTHER (State or country) Eng.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John McNaught
(Address) 36 Plummer Ave

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH 4 (Month) 9 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from 1914, 191, to April 9, 1917, that I last saw h. alive on April 9, 1917, and that death occurred, on the date stated above, at 5.20 p.m.

The CAUSE OF DEATH* was as follows:
Strangulated inguinal hernia (right)
(Duration) yrs. mos. 3 ds.
Contributory (SECONDARY)
(Duration) yrs. mos. ds.
(Signed) B. J. Duffell, M.D.
Apr 9, 1917 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cemt. DATE OF BURIAL 4-12, 1917
[20] UNDERTAKER W. C. Skaggs ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. 49 Quincy Ave St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Andrew Dimock
[If married or divorced woman or widow give maiden name, also name of husband.]
[a] RESIDENCE Winthrop 49 Quincy Ave. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M
[4] COLOR OR RACE: W
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: 4 (Month) 28 (Day), 1825 (Year)

[7] AGE: 88 yrs. 11 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Amer. Shoe Tips Co.
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Rocky Hill Conn.

PARENTS
[10] NAME OF FATHER: Jerod G. Dimock
[11] BIRTHPLACE OF FATHER (State or country): Rocky Hill Conn
[12] MAIDEN NAME OF MOTHER: Butler
[13] BIRTHPLACE OF MOTHER (State or country): Conn.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. J. Merrill
(Address) Lynn, Mass

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: 4 (Month) 14 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Apr 8, 1917, to Apr 14, 1917, that I last saw him alive on Apr. 13, 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis (Capillary)
(Duration) ..... yrs. ..... mos. 9 ds.

Contributory (SECONDARY) Arteriosclerosis
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Ford, M.D.
Apr. 16, 1917. (Address) Winthrop, Mass.

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Pine Grove Lynn
DATE OF BURIAL: 4-17-, 1917

[20] UNDERTAKER: W. C. Skaggs
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. Metcalf Hospital St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Lillian J. Seymour

[If married or divorced woman or widow give maiden name, also name of husband.] Bridson - Walter R. Seymour

[a] RESIDENCE 17 Bond St. Boston. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

[6] DATE OF BIRTH 11 (Month) 11 (Day), 1894 (Year)

[7] AGE 22 yrs. 5 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Douglas - Isle of Man.

PARENTS

[10] NAME OF FATHER Evan Bridson

[11] BIRTHPLACE OF FATHER (State or country) Douglas Isle of Man

[12] MAIDEN NAME OF MOTHER Hellen Frazer

[13] BIRTHPLACE OF MOTHER (State or country) Cornwall Eng.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter R. Seymour

(Address) 17 Bond St Boston

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH 4 (Month) 16 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Feb 26, 1917, to April 16, 1917, that I last saw h. alive on Apr 16, 1917, and that death occurred, on the date stated above, at 6.25 A.M.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

Embolism, Hemiplegia

(Duration) ..... yrs. ..... mos. 48 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. J. Metcalf, M.D.

Apr 17, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 48 ds. In the State ? yrs. 2 mos. ..... ds.

Where was disease contracted, if not at place of death? 20 Bond St Boston

Former or usual residence 20 Bond St Boston

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cemt

DATE OF BURIAL 4-18-, 1917

[20] UNDERTAKER W. C. Skaggs

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 41, Cutler St.; Ward)

2 FULL NAME Rose Alexander
[If married or divorced woman or widow give maiden name, also name of husband.] Rose Cannold Wife of Samuel

a RESIDENCE 41 Cutler St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 53 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Harris Cannold

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah M. Unknown

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Husband
(Address) 41 Cutler St

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 18 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from Apr. 17, 1917, to Apr. 18, 1917, that I last saw her alive on Apr. 18, 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Acute hemorrhagic Pancreatitis

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward J. Granger, M.D.
Apr. 19, 1917, (Address) 49 Bartlett Road

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Jacob West Rox, Bride of

DATE OF BURIAL: April 20 1917

20 UNDERTAKER: Jacob Stanetsky

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

apr. 18, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 19, Underhill St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Henrietta P. Brown

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 19 Underhill St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

[6] DATE OF BIRTH 3 (Month) 27 (Day) 1834 (Year)

[7] AGE 83 yrs. — mos. 21 ds. If LESS than 1 day, ... hrs. or ... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Bocabec. N.B.

PARENTS

[10] NAME OF FATHER Wm Braddock

[11] BIRTHPLACE OF FATHER (State or country) Devonshire Eng.

[12] MAIDEN NAME OF MOTHER Ella Clark

[13] BIRTHPLACE OF MOTHER (State or country) Devonshire Eng.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elija Brown

(Address) 19 Underhill St

[15] Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH 4 (Month) 18 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from March 1, 1917, to Apr. 18, 1917, that I last saw her alive on Apr. 18, 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 2 ds.

Contributory (SECONDARY) Arteri-sclerosis

Indef (Duration) ... yrs. ... mos. ... ds.

(Signed) W. J. Pope, M.D.

Apr 18, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Evergreen Cmt. Portland, Me

DATE OF BURIAL 4-21, 1917

[20] UNDERTAKER H. C. Skaggs

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 41 Birch Rd St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Alice Webb

[If married or divorced woman or widow give maiden name, also name of husband.] Widow of Joseph Webb

[a] RESIDENCE 41 Birch Rd. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widow

[6] DATE OF BIRTH: Jan 3 1845 (Month) (Day) (Year)

[7] AGE: 72 yrs. 3 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of Industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): England

PARENTS

[10] NAME OF FATHER: Wm. Pelce

[11] BIRTHPLACE OF FATHER (State or country): England

[12] MAIDEN NAME OF MOTHER: Elizabeth Hamer

[13] BIRTHPLACE OF MOTHER (State or country): England

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Conge
(Address) 41 Birch Rd

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Apr. (Month) 20 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Apr. 14, 1917, to Apr. 20, 1917, that I last saw her alive on Apr. 20, 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward J. Frazier, M.D.
Apr. 21, 1917 (Address) 49 Bartlett Rd.

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Bellevue Lawrence Cemetery — DATE OF BURIAL: 4/23, 1917

[20] UNDERTAKER: C. R. Bennison — ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. 20 Neptune Ave St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Frederick Walker
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 20 Neptune Ave. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M
[4] COLOR OR RACE: W
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: 12 (Month) 2 (Day), 1835 (Year)

[7] AGE: 81 yrs. 4 mos. 20 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Shoe Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Milford Mass

PARENTS
[10] NAME OF FATHER: Emery Walker
[11] BIRTHPLACE OF FATHER (State or country): Unknown
[12] MAIDEN NAME OF MOTHER: Abigail Bartlett
[13] BIRTHPLACE OF MOTHER (State or country): Newton

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Frederick Walker
(Address) 20 Neptune Ave

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: April (Month) 22 (Day), 1917 (Year)

I HEREBY CERTIFY that I attended deceased from April 14, 1917, to April 22, 1917, that I last saw h-i alive on April 20, 1917, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:
Chronic Prostatitis
(Duration) yrs. mos. ds.
Contributory (SECONDARY) Septicaemia
(Duration) yrs. mos. ds.

(Signed) Harry A. Kelly, M.D.
April 22, 1917 (Address) 206 Pleasant St

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Pine Grove, Milford
DATE OF BURIAL: 4-25, 1917

[20] UNDERTAKER: W. C. Skaggs
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. 82, Hermon St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Frances R. Bennis
[If married or divorced woman or widow give maiden name, also name of husband.] Underwood John L. Bennis
[a] RESIDENCE Winthrop, Mass. 82 Hermon
Registered No. 15

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: F
[4] COLOR OR RACE: W
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

[6] DATE OF BIRTH: 4 (Month) 27 (Day), 1847 (Year)

[7] AGE: 69 yrs. 11 mos. 25 ds.
If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Lincoln Mass.

PARENTS
[10] NAME OF FATHER: Joe Underwood
[11] BIRTHPLACE OF FATHER (State or country): Unknown
[12] MAIDEN NAME OF MOTHER: "
[13] BIRTHPLACE OF MOTHER (State or country): "

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Fred Bennis
(Address) Chicago Ill.

[15] Filed ....., 191.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: 4 (Month) 22 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from 1915, 191..., to April 22, 1917, that I last saw her alive on April 21, 1917, and that death occurred, on the date stated above, at 12.05 A.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Liver and Stomach

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. J. Metcalf, M.D.
Apr. 22, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cem't
DATE OF BURIAL: 4-25, 1917

[20] UNDERTAKER: W. C. Skaggs
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide,* etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure,* etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism,* etc.
4. Deaths under circumstances unknown, as *A person found dead,* etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 150 Court Rd St.; Ward)

[2] FULL NAME Chesley Hildreth Sowden

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 150 Court Road Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Male

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

[6] DATE OF BIRTH Nov 16 1879 (Month) (Day) (Year)

[7] AGE 37 yrs. 5 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Machinist

(b) General nature of Industry, business, or establishment in which employed (or employer) Boston Journal

[9] BIRTHPLACE (State or country) Lynn Mass

PARENTS

[10] NAME OF FATHER Chas. W. B. Sowden

[11] BIRTHPLACE OF FATHER (State or country) Boston

[12] MAIDEN NAME OF MOTHER Ellen Callahan

[13] BIRTHPLACE OF MOTHER (State or country) Syracuse N. Y.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. W. B. Sowden

(Address) Lynn Mass

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH April 13d (Month) (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Dec 1st, 1916, to April 22d, 1917, that I last saw him alive on April 22d, 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Glomerulo Nephritis

Passive congestion (general)

Arteriosclerosis

(?) (Duration) (?) yrs. 12 mos. 2 ds.

Contributory (SECONDARY) Prostatitis. Hypertrophy

Dilatation heart (Duration) — yrs. ..... mos. ..... ds.

(Signed) Horace J. Soule, M.D.

April 13, 1917 (Address) Winthrop, Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Pine Grove Lynn

DATE OF BURIAL ....., 191....

[20] UNDERTAKER E. R. Bennson

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
WINTHROP (No. 53 BEAL ST. St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME THOMAS EDWARD LEO
[If married or divorced woman or widow give maiden name, also name of husband.]
[a] RESIDENCE 53 BEAL ST.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: MALE
[4] COLOR OR RACE: WHITE
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): MARRIED

[6] DATE OF BIRTH ..., 1... (Month) (Day) (Year)

[7] AGE 57 yrs. ... mos. ... ds.
If LESS than 1 day, ... hrs. or ... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: TRUCKMAN
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): BROOKLINE MASS.

PARENTS
[10] NAME OF FATHER: THOMAS
[11] BIRTHPLACE OF FATHER (State or country): IRELAND
[12] MAIDEN NAME OF MOTHER: BRIDGET O'NEIL
[13] BIRTHPLACE OF MOTHER (State or country): IRELAND

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary F. Leo
(Address) 53 Beal St

[15] Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH April 24, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Jan., 1916, to April 24, 1917, that I last saw him alive on April 22, 1917, and that death occurred, on the date stated above, at 6 30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) ...
(Duration) ... yrs. ... mos. ... ds.

(Signed) Charles F. Mahoney, M.D.
April 24, 1917 (Address) 3 Robinson St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: HOLY CROSS MALDEN
DATE OF BURIAL: 4/26/17, 191...

[20] UNDERTAKER: John F. O'Maley
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. 233 Winthrop St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Nathaniel S. Freeman
[If married or divorced woman or widow give maiden name, also name of husband.]
[a] RESIDENCE 233 Winthrop st. Winthrop
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M
[4] COLOR OR RACE: W
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

[6] DATE OF BIRTH: May (Month) 3 (Day), 1831 (Year)

[7] AGE: 85 yrs. 11 mos. 24 ds.
If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Barnstable, Mass.

PARENTS
[10] NAME OF FATHER: Nathaniel S. Freeman
[11] BIRTHPLACE OF FATHER (State or country): Sandwich, Mass. Cape Cod
[12] MAIDEN NAME OF MOTHER: Betsy Drew
[13] BIRTHPLACE OF MOTHER (State or country): Plymouth, Mass.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward S. Freeman
(Address) 233 Winthrop St.

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: 4 (Month) 27 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from April 22, 1917, to April 27, 1917, that I last saw h[illegible] alive on April 27, 1917, and that death occurred, on the date stated above, at 11.25 p.m.

The CAUSE OF DEATH* was as follows:
Double Pneumonia
(Duration) X yrs. X mos. 6 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Orville E. Johnson M.D.
April 28, 1917 (Address) Winthrop Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Oak Grove Cemet. Plymouth
DATE OF BURIAL: 5-1, 1917

[20] UNDERTAKER: W. C. Skaggs
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF **BOSTON**

FULL NAME JAMES NICOL

Registered No. 4690

Place of Death and Residence: Boston MASS.HOMEO.HOSPT.

Date of Death APR.27 1917, Age 57 years 7 months 17 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace SCOTLAND

Name of Father JAMES NICOL

Birthplace of Father SCOTLAND

Maiden Name of Mother -----

Birthplace of Mother -----

Occupation CARPENTER

Informant

Place of Burial or removal EVERETT(WOODLAWN)

Undertaker W.T.WHITE
REVERE

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) ERYSIPELAS -- 5 DAYS

Contributory: (Duration) AC.MYOCARDITIS - 1 DAY

(Signed) S.A.CLEMENT M.D.

APR.27 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.5 DAYS

Usual Residence WINTHROP(282 MAIN ST)

Filed MAY 1 1917.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTON, MASS. BOSTONIA CONDITA A. 1630. CIVITATIS REGIMINE DONATA A. 1822

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
WINTHROP (No. 185 WOODSIDE AVE. St.; ..... Ward) ..... (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME ELIZABETH EUPHEMIA JONES
[If married or divorced woman or widow give maiden name, also name of husband.]
[a] RESIDENCE 185 WOODSIDE AVE.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: FEMALE
[4] COLOR OR RACE: WHITE
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): SINGLE

[6] DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

[7] AGE: 40 yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: AT HOME
(b) General nature of industry, business, or establishment in which employed (or employer): .....

[9] BIRTHPLACE (State or country): BOSTON MASS

PARENTS
[10] NAME OF FATHER: JAMES A. JONES
[11] BIRTHPLACE OF FATHER (State or country): FLORIDA
[12] MAIDEN NAME OF MOTHER: ANNE CALLAHAN
[13] BIRTHPLACE OF MOTHER (State or country): IRELAND

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss M. Jones
(Address) 185 WOODSIDE AVE

[15] Filed ....., 191..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH April (Month) 27 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from January, 191..., to Apr. 26, 1917, that I last saw her alive on Apr. 26, 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchial Asthma
(Duration) ..... yrs. 8 mos. ..... ds.

Contributory (SECONDARY) Asthma
(Duration) 17 yrs. ..... mos. ..... ds.

(Signed) William E. Cheney M.D.
April 27, 1917 (Address) 222 Hancock St. Qu

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: ST. JOSEPHS CEMETERY
DATE OF BURIAL: 4/1/17, 191...

[20] UNDERTAKER: John F. O'Maley
ADDRESS: WINTHROP

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 35, Washington Ave. Ward)

2 FULL NAME William McKie

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 35 Washington Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widower

6 DATE OF BIRTH: Feb. (Month) 5 (Day), 1840 (Year)

7 AGE: 77 yrs. 2 mos. 23 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Ship Builder
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Rollo Bay P.E.I.

PARENTS

10 NAME OF FATHER: Edward McKie

11 BIRTHPLACE OF FATHER (State or country): Bay Fortune P.E.I.

12 MAIDEN NAME OF MOTHER: Sarah Needham

13 BIRTHPLACE OF MOTHER (State or country): Bay Fortune P.E.I.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Millie McKie
(Address) 35 Washington Ave Winthrop

16 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 28 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from February 15, 1916, to April 28, 1917, that I last saw him alive on April 28, 1917, and that death occurred, on the date stated above, at 11.30 A.m.

The CAUSE OF DEATH* was as follows:
Intestinal Carcinoma.

Unknown (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jewell H. Gillan, M.D.
April 28, 1917 (Address) 15 Principal St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: May 1, 1917

20 UNDERTAKER: E. G. Brown & Son — ADDRESS: East Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 19 Dolphin Ave St.; Ward)

2 FULL NAME Nina May Pritchard
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 19 Dolphin Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH May (Month) 30 (Day) 1916 (Year)

7 AGE [redacted] yrs. 11 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9 BIRTHPLACE (State or country) Winthrop

PARENTS

10 NAME OF FATHER John Pritchard

11 BIRTHPLACE OF FATHER (State or country) England

12 MAIDEN NAME OF MOTHER Florence Jeffries

13 BIRTHPLACE OF MOTHER (State or country) England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Pritchard
(Address) 19 Dolphin Ave

15 Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 29 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from Apr. 23d, 1917, to Apr. 29, 1917, that I last saw her alive on Apr. 29, 1917, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia
(Duration) ... yrs. ... mos. 6 ds.

Contributory (SECONDARY) Measles
(Duration) ... yrs. ... mos. 14 ds.

(Signed) W. L. Reid, M.D.
Apr. 30, 1917 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL Winthrop

DATE OF BURIAL 4/30/17 191...

20 UNDERTAKER John F. Malay

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 16 Washington ave St.; Ward)

2 FULL NAME George Yendal Farnham
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 16 Washington ave Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

6 DATE OF BIRTH: Oct 3 1848 (Month) (Day) (Year)

7 AGE: ~~78~~ 79 yrs. ~~26~~ 4 mos. ~~9~~ 9 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Planning Contractor

9 BIRTHPLACE (State or country): Amherst Mass

PARENTS

10 NAME OF FATHER: Isaac Myrick Farnham

11 BIRTHPLACE OF FATHER (State or country): Nantucket

12 MAIDEN NAME OF MOTHER: Adaline Fuller.

13 BIRTHPLACE OF MOTHER (State or country): Dublin N. H.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Eliza J. Bristol
(Address) 16 Washington ave

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 1st (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from 1915, 191..., to May 1st, 1917, that I last saw him alive on April 30th, 1917, and that death occurred, on the date stated above, at 10.30 p.m.

The CAUSE OF DEATH* was as follows:
General arteriosclerosis
apoplexy (Cerebral Haemorrhage)

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. 2 ds.

(Signed) B J Bulcutt, M.D.
May 2nd, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cambridge Cemetery
DATE OF BURIAL: May 4th, 1917

20 UNDERTAKER: C. R. Benneson
ADDRESS: Winthrop Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME FRANCES B. BURRILL

Registered No. 4790

Place of Death and Residence: Boston PETER BENT BRIGHAM HOSPT.

Date of Death MAY 1 1917, Age 29 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	M

Maiden Name: CHASE

Husband's Name: CHARLES BURRILL

Birthplace: BOSTON(EAST)

Name of Father: JONATHAN CHASE

Birthplace of Father: HARWICHPORT

Maiden Name of Mother: ALICE A.WILSON

Birthplace of Mother: -----

Occupation: HOUSEWIFE

Informant:

Place of Burial or removal: WINTHROP(WINTHROP CEM.)

Undertaker: W.C.SKAGGS WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) TOXAEMIA OF PREGNANCY 2 1-2 MOS.

Contributory: (Duration)

(Signed) G.H.STONE M.D.

MAY 1 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT. 17 DAYS

Usual Residence WINTHROP (15 BELCHER ST)

Filed MAY 4 1917.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

Lib'l Room

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 89, Summit Ave St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Hannah M. Johnson

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 89 Summit Ave. Wiggin. B. Alfred Johnson

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

[6] DATE OF BIRTH 12 (Month) 31 (Day), 1837 (Year)

[7] AGE 79 yrs. 4 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Lubec Me.

PARENTS

[10] NAME OF FATHER Greenlief Wiggin

[11] BIRTHPLACE OF FATHER (State or country) China Me.

[12] MAIDEN NAME OF MOTHER Annie Batson

[13] BIRTHPLACE OF MOTHER (State or country) Edison Me.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Israel Woodside

(Address) 89 Summit Ave

[15] Filed ....., 191.... .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH May (Month) 2 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Jany 8, 1917, to May 2, 1917, that I last saw he alive on May 2, 1917, and that death occurred, on the date stated above, at 8-58 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder

about (Duration) 1 yrs. — mos. — ds.

Contributory (SECONDARY) ✗

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Orville E. Johnson M.D.

May 3, 1917 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL Woodlawn

DATE OF BURIAL 5-5, 1917

[20] UNDERTAKER W. C. Skaggs

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Frost Hospital (No. Chelsea, Mass. St.; Ward)

2 FULL NAME Georgina B. Hayberry
[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE 224 Court Road, Winthrop, Mass.

Registered No. 314

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Marr.

6 DATE OF BIRTH: Feb. 10, 1864 (Month) (Day) (Year)

7 AGE: 50 yrs. 2 mos. 22 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Cape Neddick, Me.

PARENTS

10 NAME OF FATHER: John J. Hibbert

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. R. Bennson
(Address) Winthrop, Mass.

15 Filed May 3, 1917 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 3, 1917. (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Nov. 1916, to May 3 '17, 191, that I last saw her alive on " " ", 191, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
" " Ovaries
(Duration) yrs. mos. ds.

Contributory (SECONDARY) ------
(Duration) yrs. mos. ds.

(Signed) Harvey A. Kelly, M.D.
May 3, 1917 (Address) 200 Pleasant St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? ----
Former or usual residence 224 Court Rd. Winthrop

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cem.

DATE OF BURIAL: May 6, '17, 191

20 UNDERTAKER: C. R. Bennison

ADDRESS: Winthrop

N B – Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 18. 1-'17. 10,000.

[10-'16-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 62 Chester Ave St.; Ward)

2 FULL NAME James J. McGrath
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 62 Chester Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

6 DATE OF BIRTH
(Month) (Day) (Year)

7 AGE: 67 yrs. — mos. — ds.
If LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Piano Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Bos Lon

PARENTS

10 NAME OF FATHER: Daniel

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Duffy

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Elizabeth McGrath
(Address) 62 Chester Ave

15 Filed ..., 191...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 3, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from April 26, 1917, to May 3, 1917, that I last saw him alive on May 3, 1917, and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

Did a surgical operation precede death? Date

(Duration) ... yrs. ... mos. 7 ds.

Contributory (SECONDARY)
(Duration) ... yrs. ... mos. ... ds

(Signed) (31 Pleasant St) M.D.
May 3, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Joseph
DATE OF BURIAL: May 5, 1917

20 UNDERTAKER: W. J. Cassidy with Rx
ADDRESS: 160 Harrison

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 48, Madison Ave St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Charles Hadley Bumps.

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 48 Madison Ave Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single.

[6] DATE OF BIRTH: Sept 5th 1916 (Month) (Day) (Year)

[7] AGE: X yrs. 7 mos. 30 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

[9] BIRTHPLACE (State or country): Winthrop Mass.

PARENTS

[10] NAME OF FATHER: Charles H Bumps.

[11] BIRTHPLACE OF FATHER (State or country): Craftsbury Vt.

[12] MAIDEN NAME OF MOTHER: Mary I Hawkins.

[13] BIRTHPLACE OF MOTHER (State or country): Pensacola Florida.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles H. Bumps.

(Address) 48 Madison Ave Winthrop

[15] Filed 191 , REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: May 3 (Month) (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from April 20th, 1917, to May 3d, 1917, that I last saw him alive on May 3d, 1917, and that death occurred, on the date stated above, at 2.30 A.m.

The CAUSE OF DEATH* was as follows:

Whooping cough (Pertussis)

(Duration) yrs. mos. 14 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) B J Metcalf, M.D.

May 3d, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: Fri. May 4th 1917

[20] UNDERTAKER: Charles R. Pennick

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop Mass (No. 16 Washington ave St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Isabella Farnham

[If married or divorced woman or widow give maiden name, also name of husband.] widow of George F. Farnham

[a] RESIDENCE 16 Washington ave Winthrop Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX female

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widow

[6] DATE OF BIRTH March 22 1836 (Month) (Day) (Year)

[7] AGE 81 yrs. 1 mos. 13 ds. If LESS than 1 day ..... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

[9] BIRTHPLACE (State or country) Ireland

PARENTS

[10] NAME OF FATHER Richard Durnean

[11] BIRTHPLACE OF FATHER (State or country) Ireland

[12] MAIDEN NAME OF MOTHER Unknown

[13] BIRTHPLACE OF MOTHER (State or country) " "

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C R Benneson

(Address) Winthrop Mass

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH May 5, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from March, 1917, to May 5, 1917, that I last saw h..... alive on ....., 191....., and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Some years (Duration) yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Chronic Parenchymatous nephritis

(Duration) one yrs. 4 mos. ..... ds.

(Signed) Everett Lanfor M.D.

May 7, 1917 (Address) Warren Chambers

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL Cambridge Cemetery

DATE OF BURIAL May 8, 1917

[20] UNDERTAKER C.R. Benneson

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 63 Waldemar Ave. St.; ..... Ward)

[2] FULL NAME Lois Mc Neish

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 63 Waldemar Ave Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): ~~Female~~ Single

[6] DATE OF BIRTH: February 24 1917 (Month) (Day) (Year)

[7] AGE: ..... yrs. 2 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min ?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): .....

[9] BIRTHPLACE (State or country): Chelsea Mass

PARENTS

[10] NAME OF FATHER: John D. McNeish

[11] BIRTHPLACE OF FATHER (State or country): Chelsea Mass

[12] MAIDEN NAME OF MOTHER: Evelyn Woodbury

[13] BIRTHPLACE OF MOTHER (State or country): Roxbury Mass

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John D McNeish

(Address) Winthrop Mass

[15] Filed ....., 191.... .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: May 5, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from May 2, 1917, to May 5, 1917, that I last saw her alive on May 4, 1917, and that death occurred, on the date stated above, at 11 A m

The CAUSE OF DEATH* was as follows:

Meningitis

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY) Umbilical infection

(Duration) ..... yrs. 2 mos. ..... ds

(Signed) George Bennick, M D

May 5, 1917 (Address) 24 Gardner Chelsea

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Glenwood

DATE OF BURIAL: May 6, 1917

[20] UNDERTAKER: A A Faunce

ADDRESS: Chelsea

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~ (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 1, Winthrop Shore Drive St.; Ward)

2 FULL NAME (Mrs.) Carrie Esther Morrish Hockridge

[If married or divorced woman or widow give maiden name, also name of husband.] Clarence Moffat Hockridge (Husband)

4 RESIDENCE 1 Shore Drive, Wint.

Registered No. 4

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: December 24, 1896 (Month) (Day) (Year)

7 AGE: 21 yrs. 4 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of Industry, business, or establishment in which employed (or employer): At home

9 BIRTHPLACE (State or country): Massachusetts

PARENTS

10 NAME OF FATHER: Fred Morrish

11 BIRTHPLACE OF FATHER (State or country): South Paxton

12 MAIDEN NAME OF MOTHER: Maude Beatrice Titus

13 BIRTHPLACE OF MOTHER (State or country): New Brunswick.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clarence Moffat Hockridge
(Address) 1 Shore Drive, Winthrop

15 Filed _____, 191__ _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 7, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from ~~Feby~~ May 14, 1917, to May 7, 1917, that I last saw h~~er~~ alive on May 7, 1917, and that death occurred, on the date stated above, at 6~~00~~ m.

The CAUSE OF DEATH* was as follows:
Pyemia (Puerperal delivery Feby 14 1917)

Did a surgical operation precede death? Yes Date April 29 17

(Duration) X yrs. 2 mos. 23 ds.

Contributory (SECONDARY) X (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Orville E. Johnson, M.D.
May 8, 1917 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death? ____
Former or usual residence ____

19 PLACE OF BURIAL OR REMOVAL: Nicolai Cemetery
DATE OF BURIAL: May 9, 1917

20 UNDERTAKER: John C. Barthelmes
ADDRESS: Brookline

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*. *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

WINTHROP (No. 12 Hermon St; St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME DANIEL CAMPBELL

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 12 Hermon St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: MALE

[4] COLOR OR RACE: WHITE

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): MARRIED

[6] DATE OF BIRTH: (Month) (Day), 1 (Year)

[7] AGE: 71 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: LABORER

(b) General nature of Industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): CAPE BRETON

PARENTS

[10] NAME OF FATHER: DANIEL

[11] BIRTHPLACE OF FATHER (State or country): CAPE BRETON

[12] MAIDEN NAME OF MOTHER: JELLI MCNEIL

[13] BIRTHPLACE OF MOTHER (State or country): CAPE BRETON

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): ANNIE CAMPBELL

(Address): 12 HERMON ST.

[15] Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: May (Month) 8 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from 1916, 191, to May 8th, 1917, that I last saw him alive on May 7th, 1917, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) B. Phillips, M.D.

May 8, 1917 (Address) Winthrop Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: HOLY JESUS MALDEN

DATE OF BURIAL: 5/10/17, 191

[20] UNDERTAKER: John F. O'Maley

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 10 Ocean Ave St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Jerome B. Wyman

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 10 Ocean Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widowed

[6] DATE OF BIRTH: 10 (Month) 15 (Day), 1827 (Year)

[7] AGE: 89 yrs. 6 mos. 14 ds. If LESS than 1 day ..... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Retired Sea captain

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Ft Hill, Boston

PARENTS

[10] NAME OF FATHER: Elephas Wyman

[11] BIRTHPLACE OF FATHER (State or country): Woburn, Mass

[12] MAIDEN NAME OF MOTHER: Mary Lewkesbury

[13] BIRTHPLACE OF MOTHER (State or country): Winthrop Mass

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert G. Wyman

(Address) 10 Ocean View Ave.

[15] Filed ....., 191.... .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: May 11th (Month) (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from May 1, 1917, to May 11, 1917, that I last saw him alive on May 11, 1917, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) Arteio-sclerosis

Indef (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Parker, M.D.

May 12, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cemt

DATE OF BURIAL: 5-13, 1917

[20] UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wrentham
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Wrentham (No. 21 Wheelock St.; Ward)

2 FULL NAME Samuel Wheelock

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 21 Wheelock St Wrentham Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widower

6 DATE OF BIRTH Dec 24 1829, 1 (Month) (Day) (Year)

7 AGE 87 yrs. 4 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Forbrook N.S.

PARENTS

10 NAME OF FATHER Samuel Wheelock

11 BIRTHPLACE OF FATHER (State or country) N.S.

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (State or country) N.S.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Lemmon

(Address) Wrentham Mass

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May (Month) 12 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from May 14, 1917, to May 12, 1917, that I last saw him alive on May 12, 1917, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis

Myocarditis

Chronic interstitial nephritis

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) C. R. McLeod, M.D.

May 13, 1917 (Address) Wrentham

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Wrentham Mass

DATE OF BURIAL May 14, 1917

20 UNDERTAKER C. R. Lemmon

ADDRESS Wrentham

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH
Winthrop (No. 28 Hawthorne Ave. St.; Ward)

[2] FULL NAME OLIVIA F. McKENNA LENNON
[If married or divorced woman or widow give maiden name, also name of husband.] WIDOW OF THOMAS F. LENNON

[a] RESIDENCE 28 HAWTHORNE AVE.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: FEMALE

[4] COLOR OR RACE: WHITE

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): WIDOWED

[6] DATE OF BIRTH: (Month) (Day) (Year) 1

[7] AGE: 60 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: AT HOME
(b) General nature of Industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): BOSTON MASS.

PARENTS

[10] NAME OF FATHER: EDWARD McKENNA

[11] BIRTHPLACE OF FATHER (State or country): IRELAND

[12] MAIDEN NAME OF MOTHER: UNKNOWN

[13] BIRTHPLACE OF MOTHER (State or country): IRELAND

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Agnes Cronin
(Address) 22 Hawthorne Ave.

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: May (Month) 13 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Dec 3, 1916, to May 13, 1917, that I last saw her alive on May 12, 1917, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach
Chronic Intestinal Nephritis
(Duration) yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) Harry A. Kelly, M.D.
May 14, 1917 (Address) 200 Commonwealth Ave.

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Calvary Cem. Boston
DATE OF BURIAL: 5/15/17, 191

[20] UNDERTAKER: John F. O'Malley
ADDRESS: WINTHROP, MASS

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

WINTHROP (No. 40 Ocean Ave. St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME ARTHUR JOHN GREEN

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 40 OCEAN AVE.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: MALE

[4] COLOR OR RACE: WHITE n

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): MARRIED

[6] DATE OF BIRTH: (Month) (Day), 1 (Year)

[7] AGE: 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: SALESMAN

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): ENGLAND

PARENTS

[10] NAME OF FATHER: FITZ OWEN GREEN

[11] BIRTHPLACE OF FATHER (State or country): ENGLAND

[12] MAIDEN NAME OF MOTHER: UNKNOWN

[13] BIRTHPLACE OF MOTHER (State or country): UNKNOWN

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Florence L. Green

(Address) 40 Ocean Ave.

[15] Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: May (Month) 14 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from May 14, 1917, to May 14, 1917, that I last saw him alive on May 14, 1917, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Charles J. Malone, M.D.

5/14, 1917 (Address) 256 Lincoln St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Evergreen Cem. Brooklyn, N.Y. Winthrop

DATE OF BURIAL: 5/16/17, 191

[20] UNDERTAKER: John F. O'Malley

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
WINTHROP (No. 85 PEAD ST.; St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME ROSINA DUQUET LEWARE
[If married or divorced woman or widow give maiden name, also name of husband.] Widow of Louis Leware
[a] RESIDENCE 85 Pead St.
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female
[4] COLOR OR RACE: White
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widowed

[6] DATE OF BIRTH ..... (Month) ..... (Day) ....., 1..... (Year)

[7] AGE: 85 yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: AT HOME
(b) General nature of industry, business, or establishment in which employed (or employer): .....

[9] BIRTHPLACE (State or country): PLATTSBURG N.Y.

PARENTS
[10] NAME OF FATHER: JOSEPH DUQUET
[11] BIRTHPLACE OF FATHER (State or country): Unknown
[12] MAIDEN NAME OF MOTHER: Unknown
[13] BIRTHPLACE OF MOTHER (State or country): Unknown

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. M. J. Mcnahan
(Address) 85 Pead St.

[15] Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: May (Month) 14 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Jan, 1916, to May 13th, 1917, that I last saw her alive on May 17th, 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis
Arteriosclerotic Kidney
Senile Dementia Embolism
(?) (Duration) (?) yrs. (?) mos. (?) ds.

Contributory (SECONDARY) As above
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Horace J. Soule, M.D.
May 14, 1917 (Address) Winthrop, Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: HOLY CROSS MALDEN
DATE OF BURIAL: 5/16/17, 191.....

[20] UNDERTAKER: John F. C. Maley
ADDRESS: Winthrop

May 14, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[10-'16-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH (No. 34, Trident Ave, Street, Winthrop Ward)

2 FULL NAME Male (Alperin)
[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE 34 Trident Ave Winthrop

Registered No.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word):

6 DATE OF BIRTH: May (Month) 14 (Day), 1917 (Year)

7 AGE: ....yrs. ....mos. ....ds

If LESS than 1 day....hrs. or....min ?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Winthrop, Mass

PARENTS

10 NAME OF FATHER: Michael Alperin

11 BIRTHPLACE OF FATHER (State or country): Mass. U.S.

12 MAIDEN NAME OF MOTHER: Kitty Davis

13 BIRTHPLACE OF MOTHER (State or country): Boston Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wfred M Davis
(Address) 36 Forrest St.

15 Filed ....., 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 14th (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from May 14th, 1917, to —, 191....,
that I last saw h— alive on —, 191....
and that death occurred, on the date stated above, at....m

The CAUSE OF DEATH* was as follows:
Still born

Did a surgical operation precede death? Date

....(Duration) ....yrs. ....mos. ....ds.

Contributory (SECONDARY) ....(Duration) ....yrs. ....mos ....ds

(Signed) Francis D. Lessard, M.D
May 14th 1917 (Address) Revere Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs. ....mos. ....ds. In the State....yrs. ....mos. ....ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Smith Abraham West Roxbury

DATE OF BURIAL: May 14, 1917 11 a m

20 UNDERTAKER: Mazzin Salerton

ADDRESS

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass (No. 87 Pleasant St. St.; Ward)

2 FULL NAME John Dean Gillespie
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 87 Pleasant St Winthrop Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct 2 1882 (Month) (Day) (Year)

7 AGE: 34 yrs. 7 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Ammunition Factory
(b) General nature of industry, business, or establishment in which employed (or employer): Workman

9 BIRTHPLACE (State or country): Boston Mass

PARENTS

10 NAME OF FATHER: Edward H.

11 BIRTHPLACE OF FATHER (State or country): St John N.B.

12 MAIDEN NAME OF MOTHER: Annie DeLahunty

13 BIRTHPLACE OF MOTHER (State or country): Born St John (Everywood)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C R Penniman
(Address) Winthrop Mass

15 Filed ..... 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 16, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from March, 1917, to May 16, 1917, that I last saw him alive on May 16, 1917, and that death occurred, on the date stated above, at 10 A.m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of the lungs

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) B J Metcalf, M.D.
May 17, 1917 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: May 18th, 1917

20 UNDERTAKER: C R Penniman

ADDRESS: Winthrop Mass

May 16, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[12-'15-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 218 Cliff Ave St.; Ward)

2 FULL NAME Bertha Lee Tasker
[If married or divorced woman or widow give maiden name, also name of husband.] from Osgood wife of William

a RESIDENCE 218 Cliff Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married.

6 DATE OF BIRTH Oct 14 1860 (Month) (Day) (Year)

7 AGE 57 yrs. 8 mos. 4 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) London N.H.

PARENTS

10 NAME OF FATHER Abram Osgood

11 BIRTHPLACE OF FATHER (State or country) N. H.

12 MAIDEN NAME OF MOTHER Lucia Sargent

13 BIRTHPLACE OF MOTHER (State or country) Pittsfield N.H.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Tasker
(Address) 218 Cliff Ave

15 Filed , 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 18 (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from March 26, 1917, to May 18, 1917, that I last saw her alive on May 17, 1917, and that death occurred, on the date stated above, at 3-40 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Endocarditis

Did a surgical operation precede death? No Date —

(Duration) yrs. 1 mos. 22 ds.

Contributory (SECONDARY) Chronic Interstitial Nephritis

(Duration) yrs. 1 mos. 22 ds.

(Signed) E. Coleman Brown, M.D.
May 19, 1917. (Address) 27 Central Sq Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 218 Cliff Ave

19 PLACE OF BURIAL OR REMOVAL Pittsfield N.H. DATE OF BURIAL 5/22, 1917

20 UNDERTAKER C A Rollins ADDRESS E Boston

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

May 18, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15-8-'15. 100,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 19, Center St.; Ward)

[2] FULL NAME Silas Taylor
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 19 Center St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH: Aug 15, 1855 (Month) (Day) (Year)

[7] AGE: 61 yrs. 9 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Ship Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Newfoundland.

PARENTS

[10] NAME OF FATHER: Abram Taylor.

[11] BIRTHPLACE OF FATHER (State or country): Newfoundland.

[12] MAIDEN NAME OF MOTHER: Eliza Dawe.

[13] BIRTHPLACE OF MOTHER (State or country): Newfoundland.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Taylor
(Address) 19 Center St Winthrop

[15] Filed ....., 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: May (Month) 18 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from March, 1917, to May 18, 1917, that I last saw him alive on May 18, 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage Internal Carotid

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY) Carcinoma of throat and neck

(Duration) ..... yrs. 8 mos. ..... ds.

(Signed) E W Brown, M.D.

May 19, 1917 (Address) Revere Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Woodlawn.

DATE OF BURIAL: 2 P m May 21, 1917

[20] UNDERTAKER: E. G. Brown & Son

ADDRESS: East Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME TOBIAS SWENSON

Registered No. 5628

Place of Death and Residence: Boston MASS.HOMEO.HOSPT.

Date of Death MAY 22 1917, Age 54 years 6 months 17 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace NORWAY

Name of Father SWEN SWENSON

Birthplace of Father NORWAY

Maiden Name of Mother ANNA GAFSIELSEN

Birthplace of Mother NORWAY

Occupation ENGINEER(STEAM)

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) SEPTICAEMIA-PRESUMABLY FOLLOWING AN INFECTION OF LEFT HAND

Contributory: (Duration)

(Signed) W.H.WATTERS MED.EX. M.D.

MAY 23 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Place of Burial or removal WINTHROP(WINTHROP CEM)

Usual Residence WINTHROP (10 VINE AVE)

Undertaker W.C.SKAGGS WINTHROP

Filed MAY 26 1917.

A true copy. Attest: E.W.McGlenen

Registrar.

Nov 22, 1917

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. 257 Winthrop St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Catharine P. Wadsworth
[If married or divorced woman or widow give maiden name, also name of husband.] Josselyn. John Wadsworth
[a] RESIDENCE 257 Winthrop St Winthrop
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F
[4] COLOR OR RACE W
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

[6] DATE OF BIRTH 8 (Month) 23 (Day), 1826 (Year)

[7] AGE 90 yrs. 9 mos. 1 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Duxbury Mass

PARENTS
[10] NAME OF FATHER Calvin Josselyn
[11] BIRTHPLACE OF FATHER (State or country) Hanson, Mass
[12] MAIDEN NAME OF MOTHER Catharine Pierce
[13] BIRTHPLACE OF MOTHER (State or country) Duxbury, Mass

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Wood
(Address) 257 Winthrop St

[15] Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH 5 (Month) 24 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from May 15th, 1917, to May 24th, 1917, that I last saw her alive on May 24th, 1917, and that death occurred, on the date stated above, at 11.15 A.M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) ... yrs. ... mos. 9 ds.

Contributory (SECONDARY) ...
(Duration) ... yrs. ... mos. ... ds.

(Signed) B. L. Bulcolf, M.D.
May 26, 1917 (Address) Winthrop.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL So. Mayflower Court Duxbury
DATE OF BURIAL 5-28-, 1917

[20] UNDERTAKER W. C. Skaggs
ADDRESS

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 60, St. Cliff Ave, St., Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Marion J. Low
[If married or divorced woman or widow give maiden name, also name of husband.] Widow of Calvin P. Low

[a] RESIDENCE 60 Cliff Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Female

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

[6] DATE OF BIRTH July 4, 1853 (Month) (Day) (Year)

[7] AGE 64 yrs. 9 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Galopolis Ohio

PARENTS

[10] NAME OF FATHER Wm B. Clark

[11] BIRTHPLACE OF FATHER (State or country) Wheeling W. Va

[12] MAIDEN NAME OF MOTHER Julia M. Evans

[13] BIRTHPLACE OF MOTHER (State or country) Wheeling W. Va

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Percy Clark
(Address) 60 Cliff Ave Winthrop

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH May 31, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from May 7, 1917, to May 31, 1917, that I last saw him alive on May 29, 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:
Valvular Disease of Heart
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Acute Intestinal Nephritis
(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Charles Lewis, M.D.
5/31, 1917 (Address) Chelsea

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Woodlawn Everett Mass
DATE OF BURIAL June 4, 1917

[20] UNDERTAKER C. Warner
ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 2 Lunenburg Pk St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Albert Reeves

[If married or divorced woman or widow give maiden name, also name of husband.]

[3] RESIDENCE 2 Lunenburg Pk Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX M

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

[6] DATE OF BIRTH 6 (Month) 19 (Day), 1917 (Year)

[7] AGE S-B. yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Winthrop

PARENTS

[10] NAME OF FATHER Charles F. Reeves

[11] BIRTHPLACE OF FATHER (State or country) Bridgewater N. S.

[12] MAIDEN NAME OF MOTHER Eliza Miller

[13] BIRTHPLACE OF MOTHER (State or country) Chester N. B.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. F. Reeves

(Address) 2 Lunenburg Pk

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH June 1 (?) (Month) (Day), 191 7 (Year)

[17] I HEREBY CERTIFY that I attended deceased from , 191, to , 191, that I last saw him alive on never, 191 and that death occurred, on the date stated above, at (?) m

The CAUSE OF DEATH* was as follows:

Still born

(born dead)

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds

(Signed) Edward J. Soule, M.D

June 20, 1917 (Address) Winthrop, Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cemt

DATE OF BURIAL 6-21, 1917

[20] UNDERTAKER W. C. Skaggs

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Newtonville
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Newtonville Mass (No. 43 Hulbert St.; Ward)

2 FULL NAME Alexander, Francis B. Hall
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 43 Hulbert St Newtonville Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: July 7 (Month) 1888 (Day), 1 (Year)

7 AGE: 28 yrs. 10 mos. 26 ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Wholesale Poker House

9 BIRTHPLACE (State or country): Newton Mass

PARENTS

10 NAME OF FATHER: Chas F. Hall

11 BIRTHPLACE OF FATHER (State or country): Newburyport Mass

12 MAIDEN NAME OF MOTHER: Lizzie Johnson

13 BIRTHPLACE OF MOTHER (State or country): Medford

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. R. Dennison
(Address) Newtonville Mass

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 3d (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from 1916, 191..., to June 3d, 1917, that I last saw him alive on June 3d, 1917, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis
uraemia
(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. Pulsifer, M.D.
June 4, 1917 (Address) Newtonville

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Newton Cemetery
DATE OF BURIAL: June 5, 1917

20 UNDERTAKER: C. R. Dennison
ADDRESS: Newtonville Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH STANDARD INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. Melcast Hospital St.; Ward)

2 FULL NAME Henry Montgomery

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Revere Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

6 DATE OF BIRTH June 8 1917
(Month) (Day) (Year)

7 AGE X yrs. X mos. X ds.

If LESS than 1 day, 12 hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Buckskin

(b) General nature of industry, business, or establishment in which employed (or employer) Winthrop Mass

9 BIRTHPLACE (State or country) George. H. Montgomery

PARENTS

10 NAME OF FATHER East Boston Mass

11 BIRTHPLACE OF FATHER (State or country) Perres. Thorpe

12 MAIDEN NAME OF MOTHER Newton Mass

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Jennison

(Address) Winthrop Mass

15 Filed ..... 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 4, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from June 4, 1917, to June 5, 1917, that I last saw him alive on June 4, 1917, and that death occurred, on the date stated above, at 2.9 m.

The CAUSE OF DEATH* was as follows:

Compression of Brain ?
(Instrumental Delivery)

(Duration) ..... yrs. ..... mos. 12 hrs ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) George W. Whittaker, M.D.

June 7, 1917. (Address) 118 Prince St. B.B.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL C. R. Jennison

DATE OF BURIAL 6 8, 1917

20 UNDERTAKER Winthrop Cemetery

ADDRESS Winthrop

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD.

June 4, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 156, Lincoln St.; ..... Ward) ..... (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Eliza Mills

[If married or divorced woman or widow give maiden name, also name of husband.] Hiltz-Robt. B. Mills

[a] RESIDENCE Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F.

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

[6] DATE OF BIRTH 3 (Month) 20 (Day), 1853 (Year)

[7] AGE 64 yrs. 2 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

[9] BIRTHPLACE (State or country) Chester, N. S.

PARENTS

[10] NAME OF FATHER — Hiltz.

[11] BIRTHPLACE OF FATHER (State or country) N. S.

[12] MAIDEN NAME OF MOTHER Unknown

[13] BIRTHPLACE OF MOTHER (State or country) N. S.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. C. R. Duncan

(Address) 156 Lincoln St. Winthrop

[15] Filed ....., 191.... .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH 7-15 a.m. 6 (Month) 11 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from March, 1917, to June 11, 1917, that I last saw her alive on June 10th, 1917, and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

..... (Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds

(Signed) B. J. Duncan M.D

June 11, 1917 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL Chester, N. S. DATE OF BURIAL 6-14-, 1917

[20] UNDERTAKER W. C. Skaggs ADDRESS Winthrop

June 11, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF **BOSTON**

FULL NAME EDWARD JOHNSTONE

Registered No. 6294

Place of Death and Residence: Boston CHILDRENS HOSPT.

Date of Death JUNE 11 1917, Age 8 years 8 months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace BOSTON(DOR.)

Name of Father GEORGE U.JOHNSTONE

Birthplace of Father BOSTON

Maiden Name of Mother ANNIE TIERNEY

Birthplace of Mother BOSTON

Occupation SCHOOLBOY

Informant

Place of Burial or removal CALVARY

Undertaker J.F. O MALEY WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) TUBERCULOUS MENINGITIS

Contributory: (Duration)

(Signed) J.L.MORSE M.D.

JUNE 12 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP (43 FRANKLIN ST)

Filed JUNE 16 1917.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTON, MASS. SICUT PATRIBUS SIT DEUS NOBIS BOSTONIA CONDITA A. 1630. CIVITATIS REGIMINE DONATA A. 1822.

August 11, 1917

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. 410, Shirley St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Capt. John F. Flanagan
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE Winthrop 410 Shirley St Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M
[4] COLOR OR RACE: W
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH: 2 (Month) 19 (Day), 1828 (Year)

[7] AGE: 88 yrs. 3 mos. 26 ds.
If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Retired - Health Offic
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Ireland

PARENTS
[10] NAME OF FATHER: James Flanagan
[11] BIRTHPLACE OF FATHER (State or country): Ireland
[12] MAIDEN NAME OF MOTHER: Mary Elliott
[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs John F. Flanagan
(Address) 410 Shirley St

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: June (Month) 16 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from June 1, 1917, to June 16, 1917, that I last saw him alive on June 15, 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. mos. 16 ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) W. J. Porter, M.D.
June 16, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cemt
DATE OF BURIAL: 6-18, 1917

[20] UNDERTAKER: W. C. Skaggs
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Belmont (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH: Belmont (No. Byron R. R. St.: ..... Ward)

2 FULL NAME: Evelyn G. Card

[If married or divorced woman or widow give maiden name, also name of husband.] Evelyn G. Whiting Fred S. Card

3 RESIDENCE: Plummer Ave., Winthrop Registered No. 62

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE,~~ MARRIED, ~~WIDOWED,~~ ~~OR DIVORCED~~ (*Write* the word): Married

6 DATE OF BIRTH: April (Month) 11 (Day), 1878 (Year)

7 AGE: 39 yrs. 2 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Boston, Mass.

PARENTS

10 NAME OF FATHER: Charles Whiting

11 BIRTHPLACE OF FATHER (State or country): Boston, Mass.

12 MAIDEN NAME OF MOTHER: Sarah E. Rogers

13 BIRTHPLACE OF MOTHER (State or country): Portland, Me.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Walter R. Whiting
(Address): .....

15 Filed 6/16, 1917 Arthur E. Hough REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 16 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from ....., 191..., to ....., 191..., that I last saw h..... alive on ....., 191..., and that death occurred, on the date stated above, at ....m

The CAUSE OF DEATH* was as follows:
Multiple Injuries
(Run over by train)
Death Immediate.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) William E. Swan, M.D
June 16, 1917 (Address) Cambridge

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. 5 mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery Everett DATE OF BURIAL: June 19, 1917

20 UNDERTAKER: George H. Gregg & Son ADDRESS: Waltham

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 18. 3-'16. 10,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County

Township Winthrop Mass
or
Village
or
City (No. Fort Banks Hospital St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of

Registered No.

2 FULL NAME Charles Adams Buxton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (Write the word): widower

6 DATE OF BIRTH: April 18th, 1851 (Month) (Day) (Year)

7 AGE: 66 yrs. 1 mos. 30 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of Industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): North Reading Mass

PARENTS

10 NAME OF FATHER: Ebenezer Buxton

11 BIRTHPLACE OF FATHER (State or country): Richmond N.H.

12 MAIDEN NAME OF MOTHER: Ruth Hood

13 BIRTHPLACE OF MOTHER (State or country): Danvers Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs J. R. Fox (Daughter)

(Address) 19 Salem Place Malden

15

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 17 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1917, to June 17, 1917, that I last saw h~~im~~ alive on June 12, 1917, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Left Hemiplegia

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY): Terminal Diarrhoea

(Duration) ~~____ yrs.~~ ____ mos. 3 ds.

(Signed) Richard Metcalf, M. D.

June 17, 1917 (Address) Fort Banks Mass.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ____ yrs. ____ mos. ____ ds. in the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Riverside Cemetery North Reading Mass

DATE OF BURIAL: June 20, 1917

20 UNDERTAKER: Frank L. Edgerley

ADDRESS: Reading Mass.

11—3184

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septicbaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

N B - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

CHELSEA (City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH: Chelsea (No. Frost Hospital St. ; Ward)

[2] FULL NAME: John Richardson

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE: 88 Somerset Av., Winthrop

Registered No. 426

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH: March (Month) 25 (Day), 1869 (Year)

[7] AGE: 48 yrs. 2 mos. 14 ds.

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Dairy Products

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): England

PARENTS

[10] NAME OF FATHER: John Richardson

[11] BIRTHPLACE OF FATHER (State or country): England

[12] MAIDEN NAME OF MOTHER: Unknown

[13] BIRTHPLACE OF MOTHER (State or country): England

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ---------

(Address) ---------

[15] Filed June 25, 1917 [illegible]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: June (Month) 23 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from June 18, 1917, to June 23, 1917, that I last saw him alive on June 23, 1917, and that death occurred, on the date stated above, at 5.45p.

The CAUSE OF DEATH* was as follows:

Gastric Haemorrhage

Immediate

(Duration) ---------- yrs. mos. ds.

Contributory (SECONDARY) Gastric perforating ulcer

(Duration) -- yrs. -- mos. 5 ds.

(Signed) Orville E. Johnson, M.D.

June 23, 1917 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cemt.

DATE OF BURIAL: June 25, 1917

[20] UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

WRITE PLAINLY. WITH OVERLAPPING INK—THIS IS A PERMANENT RECORD.

Filed 23, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 18. 1-'17. 10,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH BRAINING INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 50, Moore St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME George N. Hibbard

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 50 Moore St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX M

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widowed

[6] DATE OF BIRTH 8 (Month) 18 (Day), 1852 (Year)

[7] AGE 65 yrs. 10 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) So. Boston

PARENTS

[10] NAME OF FATHER Horatio N. Hibbard

[11] BIRTHPLACE OF FATHER (State or country) Boston.

[12] MAIDEN NAME OF MOTHER Unknown

[13] BIRTHPLACE OF MOTHER (State or country) Boston

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Gilbert

(Address) 50 Moore St.

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH June (Month) 23 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from June 23, 1917, to June 23, 1917, that I last saw him alive on June 23, 1917, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY) Arterial Sclerosis, Chronic interstitial nephritis (Duration) 2 yrs. + mos. ..... ds

(Signed) Raymond B. Parker, M.D

June 25, 1917 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Mt. Hope

DATE OF BURIAL 6-26, 1917

[20] UNDERTAKER W. C. Skaggs

ADDRESS Winthrop

June 23, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 183 Winthrop St.; Ward)

2 FULL NAME Elvira A. Baxter
[If married or divorced woman or widow give maiden name, also name of husband.] Widow of Elijah A. Baxter

a RESIDENCE 183 Winthrop St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widow

6 DATE OF BIRTH: Oct 2 1849, 1 (Month) (Day) (Year)

7 AGE: 68 yrs. 8 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): New Brunswick

PARENTS

10 NAME OF FATHER: Daniel Wilson

11 BIRTHPLACE OF FATHER (State or country): N. B.

12 MAIDEN NAME OF MOTHER: Margaret Buslin

13 BIRTHPLACE OF MOTHER (State or country): N. B.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C R Benson
(Address)

15 Filed ....., 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 25, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from June 23, 1917, to June 25, 1917, that I last saw her alive on June 25, 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY) Arterial sclerosis
(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) R B Parker, M.D.
June 26, 1917 (Address) Winthrop Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL ~~OR REMOVAL~~: Winthrop Cemetery
DATE OF BURIAL: June 27, 1917

20 UNDERTAKER: C. R. Benson
ADDRESS: Winthrop

June 25, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 573 Shirley St.; Ward)

2 FULL NAME Edna Walsh

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 573 Shirley St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Dec 25 1916 (Month) (Day) (Year)

7 AGE: X yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Winthrop Mass

PARENTS

10 NAME OF FATHER: William J. Walsh

11 BIRTHPLACE OF FATHER (State or country): Boston

12 MAIDEN NAME OF MOTHER: Olive Eaton

13 BIRTHPLACE OF MOTHER (State or country): Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C R Benson
(Address) Winthrop

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 27, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from June 25, 1917, to June 27, 1917, that I last saw her alive on June 27, 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Grippe,

(Duration) yrs. mos. 6 ds.

Contributory (SECONDARY) Cerebral Meningitis

(Duration) yrs. mos. 2 ds.

(Signed) W. L. Pope, M.D.

June 28, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL ~~OR REMOVAL~~: Winthrop Cemetery

DATE OF BURIAL: June 29, 1917

20 UNDERTAKER: C R Benson

ADDRESS: Winthrop

June 27, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COPY OF THE RECORD OF A DEATH

Returned to the clerk of Waldoboro Maine
as is provided in Section 27 of the Law relating to the registration of Vital Statistics.

Name, Charles S. Belcher

Place of Death, WaldoboroMaine.

Street, ... No. ..... Ward

Date of Death: Year, 1917 Month June Day, 30

Age: Years, 51 Months, ... Days, ...

Place of Birth, WinthropMass

Sex M Color, W Married, ~~Single,~~ ~~Widowed or~~ ~~Divorced,~~ Married

Occupation, Milkman

Name of Father, Cyrus Belcher

Maiden Name of Mother, Nellie Stephens

Birthplace of Father, Winthrop Mass

Birthplace of Mother, Michigan

Occupation of Father, Farmer

Deceased was wife of .....

Widow of .....

Cause of Death, Acute CardiacDilatation

Contributing Cause
Valvular Heart Disease

If death was in a hospital, or other institution, give its name, ...

How long an inmate, ...

~~Previous~~ residence, Winthrop

[OVER]

Waldoboro Maine

P. O. Address, Dr. G. H. Coombs

Place of Burial Comery Cemetery

Undertaker, K. L. Deymore

P. O. Address, Waldoboro Maine

State of Maine.

I hereby certify that the above is a true copy of the Record of a Death made by the clerk of Waldoboro in the month of June 19 17

Otto V. Hakenson

Clerk of Waldoboro Maine

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

WINTHROP (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH WINTHROP (No. 35 BATES AVE. St.; Ward)

2 FULL NAME HUBERT BOWMAN

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 35 BATES AVE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: WHITE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): MARRIED

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE: 64 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: MACHINIST

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): TRACADIE N. SCOTIA

PARENTS

10 NAME OF FATHER: UNKNOWN

11 BIRTHPLACE OF FATHER (State or country): NOVA SCOTIA

12 MAIDEN NAME OF MOTHER: UNKNOWN

13 BIRTHPLACE OF MOTHER (State or country): NOVA SCOTIA

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) HAROLD BOWMAN

(Address) 35 BATES AVE

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 4 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from June 8, 1917, to July 4, 1917, that I last saw him alive on July 3, 1917, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Myo-carditis. Sclerosis of Coronary arteries. Anasarca

(Duration) X yrs. 1 mos. X ds.

Contributory (SECONDARY) Arterio sclerosis

(Duration) Several yrs. — mos. — ds.

(Signed) Austin E. Johnson, M.D.

July 5, 1917 (Address) Winthrop Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: ST. PAULS ARLINGTON

DATE OF BURIAL: JULY 6, 1917

20 UNDERTAKER: John F. O'Maley

ADDRESS: Winthrop

July 4, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

Winthrop (No. 31 Wave Way Ave. St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Thomas Gibson Clarkson

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 31 Wave Way Ave. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH: (Month) (Day) (Year)

[7] AGE: 20 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Jeweler

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Scotland

PARENTS

[10] NAME OF FATHER: Thomas

[11] BIRTHPLACE OF FATHER (State or country): Scotland

[12] MAIDEN NAME OF MOTHER: Emily Gibson

[13] BIRTHPLACE OF MOTHER (State or country): Scotland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Ellen M. Clarkson

(Address) 31 Wave Way Ave.

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: July 6th, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from March 1, 1917, to July 6, 1917, that I last saw him alive on July 3, 1917, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(Duration) yrs. 3 mos. ds.

Contributory (SECONDARY) Uremia - acute nephritis

Duration) yrs. mos. ds.

(Signed) M. L. Pratt M.D.

July 6, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Cambridge Cemetery

DATE OF BURIAL: 7/9/17, 191

[20] UNDERTAKER: John F. O'Maley

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMANENT, WITH STANDING INK — THIS IS A PERMANENT RECORD.

[10-'16-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 4, Waldemar Ave 2 St. Ward)

2 FULL NAME Henritetta M. McIntyre
[If married or divorced woman or widow give maiden name, also name of husband.] Lincoln G McIntyre

a RESIDENCE 4 Waldemar Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

6 DATE OF BIRTH: June 23 (Month) (Day), 1877 (Year)

7 AGE: 39 yrs. 10 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Portland Maine

PARENTS

10 NAME OF FATHER: Charles Clancey

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Carney

13 BIRTHPLACE OF MOTHER (State or country): Eastport Maine

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lincoln G McIntyre
(Address) 4 Waldemar Ave

15 Filed ....., 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 7 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from June 22, 1917, to July 7, 1917, that I last saw her alive on July 7, 1917, and that death occurred, on the date stated above, at 9 A m

The CAUSE OF DEATH* was as follows:
Carcinoma of Uterus and Bladder

Did a surgical operation precede death? Date

(Duration) ..... yrs. 10 mos. ..... ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Raymond B Parker, M.D
July 7, 1917 (Address) Winthrop Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Holy Cross
DATE OF BURIAL: July 9, 1917

20 UNDERTAKER: William A Treanor
ADDRESS: E. Boston

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

July 1, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH STANDARD INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

8979

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop Tracks of B. & B. R.R. near Pleasant St. Station St., Ward)

[2] FULL NAME William F. Lerge

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 191 Woodside Ave. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: July (Month) 31 (Day), 1876 (Year)

[7] AGE: ~~Est.~~ 40 yrs. 11 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Bonding Co.

[9] BIRTHPLACE (State or country): Birmingham Eng.

PARENTS

[10] NAME OF FATHER: Caleb George

[11] BIRTHPLACE OF FATHER (State or country): England

[12] MAIDEN NAME OF MOTHER: Not Known

[13] BIRTHPLACE OF MOTHER (State or country): —

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Inga Elizabeth George
(Address)

[15] Filed ....., 191.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: July (Month) 10 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:
Crush of the chest and abdomen (genital mutilation) caused by a steam railroad accident. (B. & B. R.R. Co. passenger) (Duration) ..... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leroy Burgess Meyers, M.D.
July 10, 1917 (Address)
MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Brookfield Mass. Brookfield Conn.
DATE OF BURIAL: July 12, 1917

[20] UNDERTAKER: Walter J. White
ADDRESS: Revere

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

CHELSEA
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH
Chelsea (No. Frost Hospital St.; Ward)

[2] FULL NAME Grace Patricia Shaw
[If married or divorced woman or widow give maiden name, also name of husband.] Grace P. Long wife of William Shaw

[a] RESIDENCE 57 Read St. Winthrop

Registered No. 482

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female
[4] COLOR OR RACE: White
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: -------- (Month) (Day), 1 (Year)

[7] AGE: 33 yrs. – mos. – ds.
If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Malden, Mass.

PARENTS
[10] NAME OF FATHER: Patrick Long
[11] BIRTHPLACE OF FATHER (State or country): Ireland
[12] MAIDEN NAME OF MOTHER: Maria Doherty
[13] BIRTHPLACE OF MOTHER (State or country): Waltham

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hugh Shaw
(Address) 57 Read St. Winthrop

[15] Filed July 17 1917 Geo. H. Bunker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: July (Month) 16 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from July 12, 1917, to July 16, 1917, that I last saw her alive on July 16, 1917, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:
Septicaemia, following miscarriage

(Duration) yrs. mos. 8 ds.

Contributory (SECONDARY) --------
(Duration) -- yrs. -- mos. ds.

(Signed) H. E. Bragdon, M.D.
July 16, 1917 (Address) East Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: St. Patricks, Stoneham
DATE OF BURIAL: July 17, 1917

[20] UNDERTAKER: John F. O'Maley
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R '8. 1-'17. 10,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 189, Boardman St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME — Gibbons

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE Winthrop, 189 Boardman St. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F

[4] COLOR OR RACE

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

[6] DATE OF BIRTH 7 (Month) 18 (Day), 1917 (Year)

[7] AGE S. B. yrs. mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Winthrop

PARENTS

[10] NAME OF FATHER ?

[11] BIRTHPLACE OF FATHER (State or country) ?

[12] MAIDEN NAME OF MOTHER Gibbons

[13] BIRTHPLACE OF MOTHER (State or country) Winthrop

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) — Gibbons

(Address) 189 Boardman St

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH July (Month) 18 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from , 191, to July 18, 1917, that I last saw h~~er~~ ~~alive on~~ dead, 191 and that death occurred, on the date stated above, at ? m

The CAUSE OF DEATH* was as follows:

Still born

(Duration) yrs. mos. ds.

Contributory — ?

(SECONDARY) ? (Duration) ? yrs. ? mos. ? ds

(Signed) Morris J. Soule, M.D

July 19, 1917 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cem. DATE OF BURIAL 7-20, 1917

[20] UNDERTAKER W. C. Skaggs ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COPY

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

: 9008

[1] PLACE OF DEATH Winthrop, (No. 18, Bowdoin St., Ward) Winthrop (City or town.) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Seymour A. Peters
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 18 Bowdoin St

Registered No. 6629

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX M

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Unknown

[6] DATE OF BIRTH ~~7~~ ~~23~~, 1 (Month) (Day) (Year)

[7] AGE ~~ut~~ 60-65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Canada

PARENTS

[10] NAME OF FATHER unknown

[11] BIRTHPLACE OF FATHER (State or country) " "

[12] MAIDEN NAME OF MOTHER " "

[13] BIRTHPLACE OF MOTHER (State or country) " "

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joshua Rumby
(Address) Winthrop 7 Cottage Park Road

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH July 23, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:
Exhaustion and other effects of the use of alcohol.
(Duration) yrs. mos. ds.
Contributory (Found dead in bed)
(SECONDARY) (Duration) yrs. mos. ds.

(Signed) Jerry Burgess Magath M.D.
Aug 8, 1917 (Address)
MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop — DATE OF BURIAL 9-2-, 1917

[20] UNDERTAKER W.C. Skaggs — ADDRESS Winthrop

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 7-'16. 5,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

9008.

STANDARD CERTIFICATE OF DEATH

Boston (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop (No. 16 Bowdoin Street St., Ward)

2 FULL NAME SEYMOUR A. PETERS

[If married or divorced woman or widow give maiden name, also name of husband.]

α RESIDENCE 16 Bowdoin Street, Winthrop, Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word)

6 DATE OF BIRTH ..., 1... (Month) (Day) (Year)

7 AGE 60-65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

16 Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 23, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Exhaustion and other effects of the use of alcohol. (Found dead in bed.)

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Leroy Burgess Magnitt, M.D.

Jul 26 1917 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL ..., 191...

20 UNDERTAKER

ADDRESS

July 23, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 7-'16. 5,000.

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE MEDICAL EXAMINER
SUFFOLK COUNTY, NORTHERN DISTRICT
274 BOYLSTON STREET, BOSTON.

August 8, 1917.

To the Overseers of the Poor,

Winthrop, Massachusetts.

Sirs:—

In accordance with the provisions of Chapter 24, Section 21, of the Revised Laws, I hereby surrender for burial the body of the following named man:—

Number	Name	Place and date of death
9008	Seymour A. Peters	16 Bowdoin St., Winthrop, July 23, 1917.

(Twelve cents and a key at this office - property of Mr. Peters.)

This body now lies in the North Mortuary. Enclosed herewith is certificate of death.

Yours respectfully,

George Burgess McGrath, M. D.,
per. W.C.P.

Medical Examiner,
Suffolk County.

RECEIVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. Myrtle Ave. St. Ward)

2 FULL NAME John W. Buckley

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE 40 Myrtle Ave Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 54 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cigar Mfg.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Waltham, Mass.

PARENTS

10 NAME OF FATHER: Timothy Buckley

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Durik

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Buckley
(Address) Waltham

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 25, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Nov 1, 1916, to July 25, 1917 that I last saw him alive on July 24, 1917 and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:
Interstitial nephritis and valvular disease of heart
(Duration) uncertain yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Jill Gorrick, M.D.
July 26, 1917 (Address) Waltham, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Calvary Waltham

DATE OF BURIAL: July 28, 1917

20 UNDERTAKER: L. E. Lawless

ADDRESS: Waltham

The Commonwealth of Massachusetts

July 25, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH STANDARD INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

Anaemia Pernicious

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Metcalf Hospital (No. 179, Winthrop St. St.; ..... Ward) ..... (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Harriet H. Parsons

[If married or divorced woman or widow give maiden name, also name of husband.] Harriet H. Forbe

[a] RESIDENCE Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female.

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married.

[6] DATE OF BIRTH: June (Month) 28 (Day), 1862 (Year)

[7] AGE: 54 yrs. / mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

[9] BIRTHPLACE (State or country): Orleans N. Y.

PARENTS

[10] NAME OF FATHER: Milton B. Forbes.

[11] BIRTHPLACE OF FATHER (State or country): Orleans N. Y.

[12] MAIDEN NAME OF MOTHER: Elizabeth Burnham

[13] BIRTHPLACE OF MOTHER (State or country): Scotland.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. G. Parsons.
(Address) 1139 Old South Build. Boston

[15] Filed ..... 191.. .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: July 28 (Month) ..... (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Feby, 1917, to July 27, 1917, that I last saw her alive on July 27, 1917, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH was as follows:

Anaemia Pernicious

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Martin G. Perry, M.D.
July 28 1917 (Address) 3 Beacon St. Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Buffalo N. Y.

DATE OF BURIAL: July 27, 1917

[20] UNDERTAKER: C. R. Bennison

ADDRESS: Winthrop

July 28, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

9016

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Winthrop Highlands "Back Beach" St., Ward) Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

2 FULL NAME Ernest L. Zeiss

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Waban -

Registered No. 5631

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Sept. 23rd 1857 (Month) (Day) (Year)

7 AGE 59 yrs. 10 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION Salesman

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Rock Island Ill.

PARENTS

10 NAME OF FATHER Ernest Zeiss

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 31, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes;
Cardio-renal disease
(Sudden death while bathing)

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leon Burgess Magnuson, M.D.

Aug 1, 1917 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Forest Hills

DATE OF BURIAL Aug. 3 1917

20 UNDERTAKER J. S. Waterman & Sons

ADDRESS 2326 Wash Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No.) 125, Pleasant St.; Ward)

2 FULL NAME Sarah A Jordan

[If married or divorced woman or widow give maiden name, also name of husband.] Sefton - William F Jordan

4 RESIDENCE 25 Pleasant St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Oct 10, 1842 (Month) (Day) (Year)

7 AGE: 74 yrs. 9 mos. 23 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Portland Me.

PARENTS

10 NAME OF FATHER: Nicholas Sefton

11 BIRTHPLACE OF FATHER (State or country): Denmark

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Portland Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Jordan

(Address) 125 Pleasant St Winthrop

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 2, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from July 15, 1917, to Aug 2, 1917, that I last saw her alive on Aug 2, 1917, and that death occurred, on the date stated above, at 9 A.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) I N B Cohen, M.D.

Aug 2, 1917 (Address) Winthrop Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn

DATE OF BURIAL: Aug 4, 1917

20 UNDERTAKER: E G Brountas

ADDRESS: East Boston

Aug. 2, 1911

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[5-'17-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 131 Winthrop St. St., Ward)

2 FULL NAME John M. Richards
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 131 Winthrop St Registered No.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 75 yrs. ..... mos. ..... ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Piano Manf.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Dover N. H.

PARENTS

10 NAME OF FATHER: John M. Richards

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Adeline Watson

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Michael Saunders
(Address) 95 Mill St

15 Filed ....., 191..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 4th (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct., 1916, to July, 1917, that I last saw him alive on July 1, 1917, and that death occurred, on the date stated above, at 6. a.m.

The CAUSE OF DEATH* was as follows:
Cancer of intestine with hemorrhage

Did a surgical operation precede death? Yes Date Nov. 1916
2d Feb. 1917 for recurrence of tonsil cancer
1st (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Cancer of Tonsil
1st Operation Oct. 1916. (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Arthur K. Stone, M.D.
Aug 4, 1917 (Address) 44 Fairfield St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Lawrence Mass. DATE OF BURIAL: Aug 7, 1917

20 UNDERTAKER: J S Waterman & Son ADDRESS: 2326 Wash St

Aug. 4, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 321, Pleasant St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Catherine Gruenewald

[If married or divorced woman or widow give maiden name, also name of husband.] Unknown Jacob

[3] RESIDENCE Winthrop, Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: F

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widowed

[6] DATE OF BIRTH: 9 (Month) 22 (Day), 1841 (Year)

[7] AGE: 76 yrs. 10 mos. 12 ds.

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Germany

PARENTS

[10] NAME OF FATHER: Unknown

[11] BIRTHPLACE OF FATHER (State or country): Germany

[12] MAIDEN NAME OF MOTHER: Unknown

[13] BIRTHPLACE OF MOTHER (State or country): Germany

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. W. Hickman

(Address) 321 Pleasant St

[15] Filed _____, 191..

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Aug. (Month) 4 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from May, 1917, to Aug 4, 1917, that I last saw her alive on Aug 4, 1917, and that death occurred, on the date stated above, at 7.30 pm

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

Indefinite (Duration) ..yrs. ..mos. ..ds.

Contributory (SECONDARY)

(Duration) ..yrs. ..mos. ..ds

(Signed) [illegible], M.D

Aug 4, 1917 (Address) 218 Main St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Dayton Ohio

DATE OF BURIAL: Aug 8, 1917

[20] UNDERTAKER: W. S. Skaggs

ADDRESS: Winthrop

Aug. 4, 1711

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH 1917.

CITY OF BOSTON

FULL NAME MARY G. PAYNE

Registered No. 8045

Place of Death and Residence: Boston PETER BENT BRIGHAM HOSP.

Date of Death AUG 8 1917, Age 30 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	MARRIED

Maiden Name: CASS

Husband's Name: WILLIAM PAYNE

Birthplace: BOSTON MASS

Name of Father: PATRICK CASS

Birthplace of Father: ENGLAND

Maiden Name of Mother: ELIZABETH ------

Birthplace of Mother: IRELAND

Occupation: AT HOME

Informant:

Place of Burial or removal: MALDEN (HOLY CROSS)

Undertaker: W. J. CASSIDY BOSTON

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) CHR. MYOCARDITIS

Contributory: (Duration)

(Signed) GEORGE H. STONE M.D.

AUG 8 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP (229 SHIRLEY ST)

Filed AUG 13 1917.

A true copy. Attest: E. W. McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTON, MASS. BOSTONIA CONDITA A.D. 1630.

Aug. 1, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R '8. 1-'17. 10,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME FREDERICK P. JORDAN

Registered No. 8165

Place of Death and Residence: Boston PETER BENT BRIGHAM HOSPT.

Date of Death AUG.12 1917, Age 53 years 4 months 14 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace CHARLESTOWN

Name of Father DAVID JORDAN

Birthplace of Father WISCASSET.ME.

Maiden Name of Mother MARY L.REED

Birthplace of Mother BOOTHBAY.ME.

Occupation CARPENTER

Informant

Place of Burial or removal WOOLWICH.ME.

Undertaker W.C.SKAGGS WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) PERNICIOUS ANAEMIA

Contributory: (Duration)

(Signed) G.H.STONE M.D.

AUG.13 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.6 MOS.+

Usual Residence WINTHROP(42 LEWIS AVE)

Filed AUG.16 1917.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTON, MASS. BOSTONIA CONDITA A.D. 1630. CUI PATRIBUS ORTUS CONTENTUS REGIMINE DONATA A.D. 1822.

Aug. 12, 1917

9048

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 103 River Road St., Ward)

2 FULL NAME Stephen Granville Ford

[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE 103 River Road - Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: Sept 21, 1861 (Month) (Day) (Year)

7 AGE: 55 ~~60-65~~ yrs. 10 mos. 17 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Longshoreman

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Red Beach Maine

PARENTS

10 NAME OF FATHER: William H. Ford

11 BIRTHPLACE OF FATHER (State or country): New Brunswick

12 MAIDEN NAME OF MOTHER: Esther H. Brooks

13 BIRTHPLACE OF MOTHER (State or country): Robinson Maine

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Horace W. Ford

(Address) Mountain Ave. N. Woburn

15 Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. 13, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes; Cardio-vascular disease, presumably Coronary Sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) (Sudden death)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leroy Burgess Magrath, M.D.

Aug. 13 1917 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Glenwood, Everett

DATE OF BURIAL: Aug. 15, 1917

20 UNDERTAKER: J. E. Henderson & Co

ADDRESS: Everett

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 7-'16. 5,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 482 Winthrop St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Roderick McPhee

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 482 Winthrop St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widower

[6] DATE OF BIRTH (Month) (Day) (Year)

[7] AGE: 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Sydney C.B

PARENTS

[10] NAME OF FATHER: John

[11] BIRTHPLACE OF FATHER (State or country): Sydney.

[12] MAIDEN NAME OF MOTHER: Unknown.

[13] BIRTHPLACE OF MOTHER (State or country): Unknown

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. M. Weibel

(Address) 482 Winthrop St

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Aug 25, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Aug 4, 1917, to Aug 15, 1917, that I last saw him alive on Aug 4, 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Charles T. [illegible], M.D.

, 191 (Address)

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Holy Cross Malden

DATE OF BURIAL: Aug 18, 1917

[20] UNDERTAKER: John F. O'Maley

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH: WINTHROP (No. 82 HERMON St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME: THERESA BEATRICE BURKE

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE: 82 HERMON ST.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: FEMALE

[4] COLOR OR RACE: WHITE

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): SINGLE

[6] DATE OF BIRTH: (Month) (Day), 1 (Year)

[7] AGE: 28 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: AT HOME

(b) General nature of Industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): BOSTON

PARENTS

[10] NAME OF FATHER: MICHAEL

[11] BIRTHPLACE OF FATHER (State or country): IRELAND

[12] MAIDEN NAME OF MOTHER: THERESA HENNESSEY

[13] BIRTHPLACE OF MOTHER (State or country): IRELAND

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. Downey.

(Address): 82 Hermon St.

[15] Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Aug (Month) 16 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from July 1916, 191, to Aug 16, 1917, that I last saw her alive on Aug 16, 1917, and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis

Mitral insufficiency

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. — mos. ds.

(Signed) E. L. Mitchell, M.D.

Aug 17, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: CALVARY

DATE OF BURIAL: AUG 18, 1917

[20] UNDERTAKER: John F. O'Malley

ADDRESS: Winthrop.

Aug. 16, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, ~~as~~ *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 35 Sagamore St.; ..... Ward) ..... (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME John J. Saintry

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 35 Sagamore Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widowed

[6] DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

[7] AGE 56 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Designer
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

[9] BIRTHPLACE (State or country): Boston

PARENTS

[10] NAME OF FATHER: Cornelius

[11] BIRTHPLACE OF FATHER (State or country): Ireland

[12] MAIDEN NAME OF MOTHER: Mary Leahan

[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Saintry

(Address) 35 Sagamore Ave

[15] Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH August 7, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Aug 18, 1917, to Aug, 191..., that I last saw him alive on Aug, 1917, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles F. Mahoney M.D.

Aug 14, 1917 (Address) 356 Cambridge St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Holy Cross

DATE OF BURIAL: Aug 21 1917

[20] UNDERTAKER: John F. O'Malley

ADDRESS: Winthrop

Aug. 18, 1911

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, giva its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 29 Thornton Pk St.; Ward)

[2] FULL NAME Edmund Beaudare Staples

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 29 Thornton Park Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Male

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

[6] DATE OF BIRTH July 2 1878 (Month) (Day) (Year)

[7] AGE 39 yrs. 1 mos. 21 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Drug Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Pharmacy

[9] BIRTHPLACE (State or country) Searsport Me

PARENTS

[10] NAME OF FATHER Geo. B. Staples

[11] BIRTHPLACE OF FATHER (State or country) Stockton Me

[12] MAIDEN NAME OF MOTHER Sarah Pendleton

[13] BIRTHPLACE OF MOTHER (State or country) Searsport Me

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. W. Bennison

(Address) Winthrop Mass

[15] Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Aug 23 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from July 26 1917, to Aug 23 1917, that I last saw him alive on Aug 23 1917, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Septicaemia,
General Staphylococcus infection
Cause unknown (Bl.)

(Duration) yrs. mos. 7 wks ds.

Contributory (SECONDARY) (Bl)

(Duration) yrs. mos. ds.

(Signed) [illegible], M.D.

Aug 24 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Searsport Me DATE OF BURIAL 8/26 1917

[20] UNDERTAKER C. W. Bennison ADDRESS Winthrop

Aug. 25, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. 180 Shirley St. St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME William Ezra Brennan
[If married or divorced woman or widow give maiden name, also name of husband.] —

[a] RESIDENCE 180 Shirley St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: Dec. 21, 1916 (Month) (Day) (Year)

[7] AGE: yrs. 8 mos. 7 ds.
If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: ----------
(b) General nature of industry, business, or establishment in which employed (or employer): ----------

[9] BIRTHPLACE (State or country): Somerville

PARENTS

[10] NAME OF FATHER: James A. Brennan

[11] BIRTHPLACE OF FATHER (State or country): Clinton

[12] MAIDEN NAME OF MOTHER: Minerva Mac Dougall

[13] BIRTHPLACE OF MOTHER (State or country): Chelsea

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): James A. Brennan
(Address): 180 Shirley St. Winthrop

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Aug. 28, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Aug 28, 1917, to Aug 2, 1917, that I last saw him alive on Aug 28, 1917, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Acute gastro-enteritis

(Duration) yrs. mos. 1 ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) Charles F. Mahoney M.D.
Aug 28, 1917 (Address) 201 Commercial St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Woodlawn.
DATE OF BURIAL: 8/29/17, 1917

[20] UNDERTAKER: John F. O'Maley.
ADDRESS: Winthrop

Aug 28, 1911

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas-poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME CHARLES WOHLSCHLEGEL Registered No. 8706

Place of Death and Residence: Boston 148 STATE ST.

Date of Death AUG. 29 1917, Age 65 years 8 months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	WID.

Maiden Name

Husband's Name

Birthplace GERMANY

Name of Father JOSEPH WOHLSCHLEGEL

Birthplace of Father GERMANY

Maiden Name of Mother CHARLOTTE HOFFERBERT

Birthplace of Mother GERMANY

Occupation NIGHT WATCHMAN

Informant

Place of Burial or removal EVERETT (WOODLAWN)

Undertaker E. G. BROWN & SON

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) NATURAL CAUSES - PRESUMABLY CARDIO-VASCULAR DISEASE

Contributory: (Duration) (FOUND DEAD)

(Signed) G. B. MAGRATH MED. EX. M.D.

AUG. 30 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP (149 REVERE ST)

Filed SEPT. 5 1917.

A true copy. Attest: E W M Glenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630 BOSTON, MASS.

Aug. 29, 1917

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Fort Banks (No. Winthrop St.; Mass Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Hayden Price Davies

[If married or divorced woman or widow give maiden name, also name of husband.] Single

a RESIDENCE Mahanoy City Pa Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Dec 31 1897 (Month) (Day) (Year)

7 AGE 20 yrs. 7 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Private Co 1st

(b) General nature of industry, business, or establishment in which employed (or employer) C. A. C. Ft Banks

9 BIRTHPLACE (State or country) Mahanoy City Pa

PARENTS

10 NAME OF FATHER Isaac R. Davies

11 BIRTHPLACE OF FATHER (State or country) So Wales Eng

12 MAIDEN NAME OF MOTHER Jenney Price

13 BIRTHPLACE OF MOTHER (State or country) Ashland Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry P. Davis

(Address) Mahanoy City Pa

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 1, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Aug 25, 1917, to Sept 1, 1917, that I last saw him alive on Sept 1, 1917, and that death occurred, on the date stated above, at 5-30 P.M.

The CAUSE OF DEATH* was as follows:

Acute pancreatitis and appendicitis

(Duration) yrs. mos. 3 ds.

Contributory (SECONDARY) Jaundice

(Duration) yrs. mos. 5 ds.

(Signed) G. H. Burk, M.D.

Sept 1, 1917 (Address) Ft Banks

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL. Mahanoy City

DATE OF BURIAL Sept 5, 1917

20 UNDERTAKER C. R. Bennion

ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient; e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME ALBERT BLANKENHORN

Registered No. 8804

Place of Death and Residence: Boston CONSUMPTIVES HOSPT.

Date of Death SEPT.3 1917, Age 46 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	MAR.

Maiden Name

Husband's Name

Birthplace FOND DU LAC.WIS.

Name of Father CHARLES BLANKENHORN

Birthplace of Father GERMANY

Maiden Name of Mother LOUISE GIELON

Birthplace of Mother POUGHKEEPSIE.N.Y.

Occupation MGR.SALESMAN

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) PULMONARY TUBERCULOSIS

Contributory: (Duration)

(Signed) F.H.HUNT M.D.

SEPT.3 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.1 MO.+

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Place of Burial or removal WINTHROP(WINTHROP CEM)

Usual Residence WINTHROP(43 LOCUST ST)

Undertaker W.C.SKAGGS WINTHROP

Filed SEPT.8 1917.

A true copy. Attest: E.W.McGlenen

Registrar.

Sept. 3, 1917

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 40 Beacon St.; Ward)

2 FULL NAME Clara J. Wescott

[If married or divorced woman or widow give maiden name, also name of husband.] widow of Jordan D. Wescott

a RESIDENCE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: 1850 (Month) (Day) (Year)

7 AGE: 67 yrs. X mos. X ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Gray Me

PARENTS

10 NAME OF FATHER: Isaac P Sawyer

11 BIRTHPLACE OF FATHER (State or country): Gray Me

12 MAIDEN NAME OF MOTHER: Jane T Strout

13 BIRTHPLACE OF MOTHER (State or country): Raymond Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David A. McDonald

(Address) Shirley St. Winthrop

15 Filed ..... 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September 4, 1917 (Month) (Day) (Year)*

17 I HEREBY CERTIFY that I attended deceased from Jan 1, 1916, to Sept 4, 1917, that I last saw her alive on Sept. 3, 1917, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 6 ds.

Contributory (SECONDARY) Arteriosclerosis

Indef. (Duration) ... yrs. ... mos. ... ds.

(Signed) H. F. Porter, M.D.

Sept. 4, 1917 (Address) Winthrop.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: Sept 6, 1917

20 UNDERTAKER: C R Lennon

ADDRESS: Winthrop

Sept. 4, 1911

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 33 Crystal Cove Ave St.; Ward)

2 FULL NAME Dorothy Doherty May Guest

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 33 Crystal Cove Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

6 DATE OF BIRTH: June 5 1917 (Month) (Day) (Year)

7 AGE: — 3 — yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Nashua N. H.

PARENTS

10 NAME OF FATHER: —

11 BIRTHPLACE OF FATHER (State or country): —

12 MAIDEN NAME OF MOTHER: Olga R. Guest

13 BIRTHPLACE OF MOTHER (State or country): Nova Scotia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. P. Emerson

(Address) Winthrop Mass

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept. (Month) 5 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from Sept. 1, 1917, to Sep. 5, 1917, that I last saw her alive on Sept. 3, 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. 7 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W. L. Porter, M.D.

Sep. 6, 1917 (Address) Winthrop.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: Sept 6, 1917

20 UNDERTAKER: C. P. Emerson

ADDRESS: Winthrop

Sept. 5, 1717

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 35 Coral Ave St.; Ward)

2 FULL NAME Doris E Hodgdon

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 35 Coral Ave Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fe

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH July (Month) 12 (Day), 1917 (Year)

7 AGE 3 yrs. — mos. 23 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Winthrop Mass

PARENTS

10 NAME OF FATHER William E Hodgdon

11 BIRTHPLACE OF FATHER (State or country) Saco Me

12 MAIDEN NAME OF MOTHER Annie E Larley

13 BIRTHPLACE OF MOTHER (State or country) Rogersford Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Father William E Hodgdon

(Address) Winthrop Mass

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 5 (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from Sept 4, 1917, to Sept 5, 1917, that I last saw her alive on Sept 3, 1917 and that death occurred, on the date stated above, at 4 A m

The CAUSE OF DEATH* was as follows:

Gastro Enteritis and Convulsions

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds

(Signed) ....., M.D

Sept 5, 1917 (Address) 1 - 18 Medical

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Common St Watertown

DATE OF BURIAL Sept 7, 1917

20 UNDERTAKER Robert L Graham

ADDRESS Watertown

Sept. 5, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH 1917.

CITY OF **BOSTON**

FULL NAME MARY A. CONWAY

Registered No. 8931

Place of Death and Residence: Boston CITY HOSPT.

Date of Death SEPT. 7 1917, Age 42 years 1 months 18 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	W

Maiden Name: MERRIFIELD

Husband's Name: WILLIAM CONWAY

Birthplace: NORWOOD

Name of Father: JAMES MERRIFIELD

Birthplace of Father: -----ME.

Maiden Name of Mother: ISABELLA -----

Birthplace of Mother: -----

Occupation: HOUSEWIFE

Informant:

Place of Burial or removal: MALDEN (HOLY CROSS)

Undertaker: W. H. GRAHAM

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) PULMONARY TUBERCULOSIS - YRS

Contributory: (Duration) TUB. OF INTESTINES - MONTHS

(Signed) E. W. WILSON M.D.

1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

ADMITTED TO HOSPT. AUG. 30. 1917

Usual Residence WINTHROP (8 STURGIS ST)

Filed SEPT. 12 1917.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTON, MASS. BOSTONIA CONDITA A. 1630. CIVITATIS REGIMINE DONATA A. 1822.

Sept. 7, 1917

WRITE CLEARLY WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

Winthrop (No. 20 Cross St. St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Walter Franklin Bowman

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 20 Cross St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word):

[6] DATE OF BIRTH: Aug 15, 1917 (Month) (Day) (Year)

[7] AGE: yrs. mos. 24 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country): Winthrop

PARENTS

[10] NAME OF FATHER: Francis

[11] BIRTHPLACE OF FATHER (State or country): Concord Mass.

[12] MAIDEN NAME OF MOTHER: Bertha Ickle

[13] BIRTHPLACE OF MOTHER (State or country): Boston

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Francis Bowman

(Address) 20 Cross St

[15] Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Sept 8, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Aug 15, 1917, to Sept 8, 1917, that I last saw him alive on 191, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute ~~Entero~~ Entero-Colitis

(Duration) yrs. mos. 10 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Harry A. Kelly, M.D.

Sept 8, 1917 (Address) 200 Pleasant St.

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Fox Hill Villerica

DATE OF BURIAL: 9/10/17, 191

[20] UNDERTAKER: John F. O'Grady

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME FRANK WELLINGTON

Registered No. 9093

Place of Death and Residence: Boston CITY HOSPT.

Date of Death SEPT.12 1917, Age 55 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace WEST ROXBURY

Name of Father WILLIAM WELLINGTON

Birthplace of Father DORCHESTER

Maiden Name of Mother MARIE A.T.JACOBS

Birthplace of Mother BARNSTEAD.N.H.

Occupation PULLMAN CONDUCTOR

Informant

Place of Burial or removal FOREST HILLS

Undertaker J.D.FALLON

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) PISTOL SHOT WOUND HEAD & CHEST

(SUICIDAL DURING TEMPORARY INSANITY)

Contributory: (Duration)

(Signed) T.LEARY MED.EX. M.D.

SEPT.12 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(23 OCEAN AVE)

Filed SEPT.17 1917.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Sept. 12, 1917

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME HARMAN WROEGER

Registered No. 9401

Place of Death and Residence: Boston MASS.CHAR.EYE & EAR INF.

Date of Death SEPT.21 1917, Age 61 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace NEW YORK.N.Y.

Name of Father ADOLPH WROEGER

Birthplace of Father GERMANY

Maiden Name of Mother -----

Birthplace of Mother GERMANY

Occupation GENERAL MANAGER

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) CEREBRAL EMBOLISM - 1 DAY

Contributory: (Duration) LT.LATERAL SINUS THROMBOSIS - LT.MASTOIDITIS - 1 MO.(?)

(Signed) EUGENE WALKER M.D.

SEPT.21 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.1 DAY

Place of Burial or removal BROOKLYN.N.Y.(LUTHERAN CEM.)

Undertaker J.F. O MALEY WINTHROP

Usual Residence WINTHROP(238 SHIRLEY ST)

Filed SEPT.26 1917.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Sept. 21, 1917

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 212 Woodside Ave Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME George H. Bond

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 212 Woodside Ave Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX M.

[4] COLOR OR RACE W.

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widower

[6] DATE OF BIRTH Nov (Month) 10 (Day), 1851 (Year)

[7] AGE 65 yrs. 10 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Wholesale Provisions

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Boston Mass

PARENTS

[10] NAME OF FATHER Thomas Bond

[11] BIRTHPLACE OF FATHER (State or country) England

[12] MAIDEN NAME OF MOTHER Mary Strain

[13] BIRTHPLACE OF MOTHER (State or country) Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Willington Bond (son)

(Address) 33 Sumnerside Ave Winthrop

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Sept. (Month) 23 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Sept. 4, 1917, to Sept. 23, 1917, that I last saw him alive on Sept. 22, 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Arterio Sclerosis

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) Edward J. Traugei, M.D.

Sept. 23, 1917 (Address) 49 Bartlett Rd.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Garden Cem. Chelsea

DATE OF BURIAL Sep 25 1917

[20] UNDERTAKER E G Brown & Son

ADDRESS Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. Wilshire St.; Ward)

2 FULL NAME Mary Elizabeth Newkebury

[If married or divorced woman or ~~widow~~ give maiden name, also name of husband.]

a RESIDENCE 44 Wilshire Ft Winthrop ~~Registered No.~~

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

6 DATE OF BIRTH Oct 25 1836, 1 (Month) (Day) (Year)

7 AGE 80 yrs. 11 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) School teacher

9 BIRTHPLACE (State or country) Winthrop

PARENTS

10 NAME OF FATHER Martin Wall Newkebury

11 BIRTHPLACE OF FATHER (State or country) Boston

12 MAIDEN NAME OF MOTHER Adelina Lewkebury

13 BIRTHPLACE OF MOTHER (State or country) Winthrop Point Shirley

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. P. Lemon

(Address) Winthrop Mass

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 30, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Aug 10, 1917, to Sept 30, 1917, that I last saw her alive on Sept 29, 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

Lower (Duration) ....yrs. ....mos. ....ds.

Contributory (SECONDARY) X (Duration) ....yrs. ....mos. ....ds.

(Signed) Owen E. Johnson, M.D.

Oct 1, 1917 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19 PLACE OF BURIAL OR REMOVAL Woodlawn Everett Mass

DATE OF BURIAL Oct 6, 1917

20 UNDERTAKER E. P. Lemon

ADDRESS Winth

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

9168 Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH
Winthrop (No. 423 Winthrop St., Ward)

[2] FULL NAME Anna Mc Rury
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 423 Winthrop St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): widow

[6] DATE OF BIRTH: 1860 (Month) (Day), 1 (Year)

[7] AGE: 57 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At home

[9] BIRTHPLACE (State or country): Canada

PARENTS

[10] NAME OF FATHER: Unknown

[11] BIRTHPLACE OF FATHER (State or country): Unknown

[12] MAIDEN NAME OF MOTHER: Unknown

[13] BIRTHPLACE OF MOTHER (State or country): Unknown

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C R Brunson
(Address) Winthrop Mass

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Oct. (Month) 1 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural causes; Presumably cardiovascular disease, with terminal oedema of the lungs (Duration) yrs. mos. ds.

Contributory (SECONDARY) (Suddenness) death. mos. ds.

(Signed) George Burgess Forgette, M.D.

Oct 2 1917 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery
DATE OF BURIAL: Oct 4th, 1917

[20] UNDERTAKER: C R Brunson
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME J.WILSON PARKS

Registered No. 9740

Place of Death and Residence: Boston STATE HOSPT.

Date of Death OCT.2 1917, Age 60 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	W

Maiden Name

Husband's Name

Birthplace MASON VILLAGE.VT.

Name of Father JOHN PARKS

Birthplace of Father ENGLAND

Maiden Name of Mother -----

Birthplace of Mother -----

Occupation PHYSICIAN(RETIRED)

Informant

Place of Burial or removal EVERETT(WOODLAWN)

Undertaker C.R.BENNISON WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) GENERAL PARALYSIS OF INSANE 6 YRS

Contributory: (Duration)

(Signed) S.F.GORDON M.D.

OCT.2 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.7 MOS.+

Usual Residence WINTHROP

Filed OCT.5 1917.

A true copy. Attest: E W M Glenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

Dec. 2, 1917

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH INDIAN INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH 134 Main St (No. Winthrop St. Mass Ward)

2 FULL NAME Benjaman W. Crosby
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 134 Main St Winthrop Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July 15 1839 (Month) (Day) (Year)

7 AGE: 78 yrs. 2 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Carriage Painter

9 BIRTHPLACE (State or country): Nantucket Mass

PARENTS

10 NAME OF FATHER: William Crosby

11 BIRTHPLACE OF FATHER (State or country): Nantucket Mass

12 MAIDEN NAME OF MOTHER: Mary Crosby

13 BIRTHPLACE OF MOTHER (State or country): Nantucket Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Crosby (Son)
(Address) Winthrop Mass

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 4th (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from 1916, 191..., to Oct 4th, 1917, that I last saw him alive on Oct 4th, 1917, and that death occurred, on the date stated above, at 1.15 p.m.

The CAUSE OF DEATH* was as follows:
General arteriosclerosis
Chronic Interstitial Nephritis
(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) B.C. Bretan, M.D.
Oct 5th, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery
DATE OF BURIAL: Oct 7, 1917

20 UNDERTAKER: C. R. Brennan
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wellesley (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH: Wellesley (No. ....., Grove St.; ..... Ward)

2 FULL NAME: Stephen W. Nickerson

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE: ~~Boston, Mass.~~ WINTHROP

Registered No. 73

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: ....., 1857 (Month) (Day) (Year)

7 AGE: 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Boston, Mass.

PARENTS

10 NAME OF FATHER: Thomas W. Nickerson

11 BIRTHPLACE OF FATHER (State or country): Boston, Mass.

12 MAIDEN NAME OF MOTHER: Martha T. Wescott

13 BIRTHPLACE OF MOTHER (State or country): Boston, Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Philip T. Nickerson

(Address) Boston, Mass.

15 Filed Oct. 13, 1917 John T. Ryan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 4, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec. 30, 1915, to Oct. 4, 1917, that I last saw him alive on Oct. 3, 1917, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

Long Duration (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward H. Wiswall, M.D.

Oct. 4, 1917 (Address) Wellesley, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn (Cambridge)

DATE OF BURIAL: Oct. 6, 1917

20 UNDERTAKER: E F WALLACE

ADDRESS: WELLESLEY

Oct. 4, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R '8. 1-'17. 10,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Brookline (City or town.)

[1] PLACE OF DEATH: Brookline (No. Brooks Hospital St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME: Harry Morrison

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE: Winthrop Mass

Registered No. 285

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH: ---- (Month) (Day) , 1 (Year)

[7] AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Adv Agent
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Ireland

PARENTS

[10] NAME OF FATHER: Harry Morrison

[11] BIRTHPLACE OF FATHER (State or country): Ireland

[12] MAIDEN NAME OF MOTHER: Mary----

[13] BIRTHPLACE OF MOTHER (State or country): Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mr C J O'Malley
(Address): 375 Harvard st Brookline

[15] Filed Oct 4, 1917 Edward C. Hill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Oct 4 (Month) (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Oct 1, 1917, to Oct 4, 1917, that I last saw him alive on Oct 3, 1917, and that death occurred, on the date stated above, at 2A m.

The CAUSE OF DEATH* was as follows:
Arterio Sclerosis- Chronic Nephritis

More than 1 yr (Duration) yrs. mos. ds.

Contributory (SECONDARY) -- (Duration) yrs. mos. ds.

(Signed) John W Davis, M.D.
Oct 4, 1917 (Address) Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Mt Benedict Boston
DATE OF BURIAL: Oct 5, 1917

[20] UNDERTAKER: J S Waterman & Sons
ADDRESS: Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[5-'17-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 48, Bowdoin St.; Ward)

2 FULL NAME Timothy Collins
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 48 Bowdoin St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH ..., 1 (Month) (Day) (Year)

7 AGE 62 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): E. Boston

PARENTS

10 NAME OF FATHER: Unknown Collins

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Hedrington
(Address) 48 Bowdoin St. Win.

15 Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 5, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct. 4, 1917, to Oct. 5, 1917, that I last saw him alive on Oct. 5, 1917, and that death occurred, on the date stated above, at 3.3 P m

The CAUSE OF DEATH* was as follows:
Bronchitis, Broncho-Pneumonia

Did a surgical operation precede death? no Date

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) Mitral Regurgitation

(Duration) ... yrs. ... mos. ... ds.

(Signed) Charles F. Mahan, M.D

Oct. 6, 1917 (Address) 356 Winthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Holy Cross Cem Malden

DATE OF BURIAL Oct. 8, 1917

20 UNDERTAKER Thos. J. Lane

ADDRESS E. Boston 120 Havre St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Oct. 5, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDIA INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. Nelson Hospital St.; Ward)

2 FULL NAME James Metcalf Clements

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 450 Winthrop St Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Sept 26 1917 (Month) (Day), (Year)

7 AGE: X yrs. X mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Winthrop Mass

PARENTS

10 NAME OF FATHER: John P. Clements

11 BIRTHPLACE OF FATHER (State or country): Conway Mass

12 MAIDEN NAME OF MOTHER: Lecha Hawkins

13 BIRTHPLACE OF MOTHER (State or country): Pensacola Florida

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John P. Clements
(Address) 450 Winthrop St

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 7 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from Sept 26, 1917, to Oct 7, 1917, that I last saw him alive on Oct 7, 1917, and that death occurred, on the date stated above, at 11.15 a.m.

The CAUSE OF DEATH* was as follows:

Congenital malformation of heart (Pence Body).

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. J. Metcalf, M.D.

Oct 8, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Winthrop Mass

DATE OF BURIAL: Oct 8th, 1917

20 UNDERTAKER: E. R. Dunn

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B.— Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH BLACKING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass (No. 6 Jefferson St St.; Ward)

2 FULL NAME Lucy Ann Chipman

[If married or divorced woman or widow give maiden name, also name of husband.] Widow of Chas. G. Chipman

a RESIDENCE 6 Jefferson St Winthrop Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: June 30 1844 (Month) (Day) (Year)

7 AGE: 73 yrs. 8 mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeping

9 BIRTHPLACE (State or country): Greenbay Wisconsin

PARENTS

10 NAME OF FATHER: Porter Parish

11 BIRTHPLACE OF FATHER (State or country): N. Y. State

12 MAIDEN NAME OF MOTHER: Mary J. Rouse

13 BIRTHPLACE OF MOTHER (State or country): Greenbay Wisconsin

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. Chipman

(Address) 89 State St Boston

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. 13. 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Sept. 15, 1917, to Oct. 13, 1917, that I last saw her alive on Oct. 12, 1917, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Indef. (Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) Interstitial Nephritis

(Duration) 7 yrs. ... mos. ... ds.

(Signed) W. L. Porter, M.D.

Oct. 14 1917 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Harmony Grove Salem

DATE OF BURIAL: Oct 15, 1917

20 UNDERTAKER: C. R. Brunson

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH ~~Winthrop~~ (No. Metropolitan Hospital St.; Ward)

2 FULL NAME Lees Premature Baby
[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE 361 Shirley St Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

6 DATE OF BIRTH: Oct 15th 1917 (Month) (Day) (Year)

7 AGE: Premature yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Winthrop Mass

PARENTS

10 NAME OF FATHER: Frederick W. Lees

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Clara Elizabeth Lees

13 BIRTHPLACE OF MOTHER (State or country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C R Brennan
(Address) Winthrop Mass

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 15, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct 15, 1917, to Oct 15, 1917, that I ~~last~~ never saw him alive on —, 191.....,
and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Stillborn

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Raymond B Barber, M.D.
Oct 16, 1917 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: Oct 17, 1917

20 UNDERTAKER: C R Brennan

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass (No. Mt Auburn Hospital St.) (Ward)

2 FULL NAME Clara Elizabeth Lees
[If married or divorced woman or widow give maiden name, also name of husband.] wife of Frederick W. Lees

4 RESIDENCE 361 Shirley St.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Aug 14 1888 (Month) (Day) (Year)

7 AGE: 27 yrs. 2 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeping

9 BIRTHPLACE (State or country): England

PARENTS

10 NAME OF FATHER: Joseph Rawson

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frederick W. Lees
(Address) 361 Shirley St Winthrop

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 15, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct 8, 1917, to Oct 15, 1917, that I last saw her alive on Oct 15, 1917, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Puerperal Albuminuria
(Acute Nephritis)
(Duration) yrs. mos. 10 ds.

Contributory (SECONDARY) Chronic Nephritis
(Duration) 2 yrs. mos. ds.

(Signed) Raymond B Parker M.D.
Oct 16, 1917 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: Oct 17th 1917

20 UNDERTAKER: C R Benson

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate.

WRITE PLAINLY, WITH BLACK INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 45, Locust St.; Ward)

2 FULL NAME Bridget Morgan Mc Nally

[If married or divorced woman or widow give maiden name, also name of husband.] widow of Peter McNally

a RESIDENCE 45 Locust St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: (Month) (Day) 1831 (Year)

7 AGE: 86 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: At Home.

(b) General nature of Industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Morgan

11 BIRTHPLACE OF FATHER (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Alice Mc Laughlin

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Cooper

(Address) 45 Locust St.

15 Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 17 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from June 1st, 1917, to Oct. 17th, 1917, that I last saw her alive on Oct. 17th, 1917, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema and Chronic Parenchymatous Nephritis

(Duration) yrs. 6 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M J McNally, M.D.

Oct. 17th, 1917 (Address) 31 Monmouth St Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Cross Malden

DATE OF BURIAL: Oct 19, 1917

20 UNDERTAKER: John F. O'Malley

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME EUGENE F.HART

Registered No. 10342

Place of Death and Residence: Boston CHARLES RIVER BASIN

Date of Death OCT.21(FOUND) 1917, Age 28 years months days.

STATISTICAL DETAILS.

SEX.	COLOR	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace BOSTON(EAST)

Name of Father EDWARD HART

Birthplace of Father TEWKSBURY

Maiden Name of Mother MARY E. FOLEY

Birthplace of Mother BOSTON

Occupation LABORER

Informant

Place of Burial or removal ST.MARYS CEM.

Undertaker R.C.KIRBY

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) DROWNING UNDER CIRCUMSTANCES

UNKNOWN

Contributory: (Duration)

(Signed) G.B.MAGRATH MED.EX. M.D.

OCT22 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(317 WINTHROP ST)

Filed OCT.26 1917.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. CIVITATIS REGIMINE DONATA A.D. 1822. BOSTON, MASS.

Oct. 21, 1917

[12-'15-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 77, Harbor View Ave. St.; Ward)

2 FULL NAME Augusta Maurter Watson
[If married or divorced woman or widow give maiden name, also name of husband.] Albert M. Watson

a RESIDENCE Clarks Island Plymouth Mass.

Registered No.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (*Write* the word): Married

6 DATE OF BIRTH: Sept. (Month) 14 (Day), 1834 (Year)

7 AGE: 83 yrs. 1 mos. 6 ds.
If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Plymouth Mass.

PARENTS

10 NAME OF FATHER: Prince Maurter

11 BIRTHPLACE OF FATHER (State or country): Plymouth Mass.

12 MAIDEN NAME OF MOTHER: Neelotha Burgess

13 BIRTHPLACE OF MOTHER (State or country): Plymouth Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Theodore Metcalf
(Address) 77 Harbor View Ave. Winthrop

15 Filed ....., 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 22 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct. 15, 1917, to Oct. 22, 1917, that I last saw her alive on Oct. 21, 1917, and that death occurred, on the date stated above, at 2 a m

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

Did a surgical operation precede death? Date
Indef. (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Interstitial Nephritis
Indef. (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Porter, M.D
Oct. 22, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Duxbury Mass
DATE OF BURIAL: Oct 24, 1917

20 UNDERTAKER: J. S. Waterman & Sons Inc.
ADDRESS: Boston

Oct 22, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R.] 15-8-'15. 100,000.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH BLUE LINES, TO BE USED FOR PERMANENT RECORD.

The Commonwealth of Massachusetts

Winchester

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH 36 Slingis St (No. Winchester Mass St.; Ward)

2 FULL NAME Adison A. Gulick

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 36 Slingis St Winchester Mass Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH 1848 Feb 23 (Month) (Day) (Year)

7 AGE 74 yrs. X mos. X ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Dry Goods

9 BIRTHPLACE (State or country) Princeton N.J.

PARENTS

10 NAME OF FATHER Ralph Gulick

11 BIRTHPLACE OF FATHER (State or country) Princeton N.J.

12 MAIDEN NAME OF MOTHER Elizi. Burgoi

13 BIRTHPLACE OF MOTHER (State or country) Princeton N.J.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C R Bennum

(Address) Winchester

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 24, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct. 15, 1917, to Oct. 24, 1917, that I last saw him alive on Oct. 22, 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

Indef. (Duration) yrs. mos. ds.

Contributory (SECONDARY) Organic Heart Disease

Indef. (Duration) yrs. mos. ds.

(Signed) W. H. Oates, M.D.

Oct. 25, 1917 (Address) Winchester

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Worcester Mass

DATE OF BURIAL Oct 27, 1917

20 UNDERTAKER C R Bennum

ADDRESS Winchester Mass

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Oct. 24, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

1917
74
1843

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INFADING INK — THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Cambridge
(City or town.)

[1] PLACE OF DEATH
Cambridge (No. 10 Chester St.; Ward) Copp Hosp.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME ----Norwood
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 41 Pearl Ave., Winthrop

Registered No. 1615

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE:

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): S

[6] DATE OF BIRTH: -------- (Month) (Day), 1 (Year)

[7] AGE: 0 yrs. 0 mos. 0 ds.
If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: ------
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Cambridge, Mass.

PARENTS

[10] NAME OF FATHER: Ralph

[11] BIRTHPLACE OF FATHER (State or country): Maine

[12] MAIDEN NAME OF MOTHER: Lottie Donnelly

[13] BIRTHPLACE OF MOTHER (State or country): Boston, Mass.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Ralph Norwood,
(Address): Father- ---

[15] Filed Oct. 29 1917 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: October 24th, 1917 (Month) (Day), 191 (Year)

[17] I HEREBY CERTIFY that I attended deceased from ——, 191, to ——, 191, that I last saw h. alive on ——, 191, and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:
Still born

(Duration) yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) T. F. Brassil, M.D.
Oct. 26, 1917 (Address) Cambridge

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Camb. Cem. Camb.
DATE OF BURIAL: Oct. 24, 1917

[20] UNDERTAKER: Jos. H. Ricker
ADDRESS: Cambridge

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Oct. 24, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH BLACKING INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 181, Pleasant St.; Ward)

2 FULL NAME Louisa S. Hall

[If married or divorced woman or widow give maiden name, also name of husband.] Keene – Andrew J. Hall

a RESIDENCE 181 Pleasant St Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Aug (Month) 10 (Day), 1832 (Year)

7 AGE: 85 yrs. 2 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Montville Me

PARENTS

10 NAME OF FATHER: Ephram Keene

11 BIRTHPLACE OF FATHER (State or country): Montville Me

12 MAIDEN NAME OF MOTHER: Mercy Simmons

13 BIRTHPLACE OF MOTHER (State or country): Damariscotta Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Fred Healy
(Address) 181 Pleasant St Winthrop

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 28 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct 25, 1917, to Oct 28, 1917, that I last saw her alive on Oct 27, 1917, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:
Angina Pectoris
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Chronic Interstitial Nephritis
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry A. Kelly, M.D.
Oct 28, 1917 (Address) 200 Pleasant St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Rockland Me
DATE OF BURIAL: Oct 29, 1917

20 UNDERTAKER: E. G. Brown Son
ADDRESS: East Boston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Oct 28, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WHITE PLAINLY, WITH INK. STATEMENT MUST THUS BE A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 108 Bay View Ave. Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Thomas Wilson Cranston

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 108 Bay View Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: August (Month) — 30 (Day) —, 1879 (Year)

[7] AGE: 38 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Mechanic.
(b) General nature of Industry, business, or establishment in which employed (or employer): Automobiles

[9] BIRTHPLACE (State or country): Glasgow Scotland

PARENTS

[10] NAME OF FATHER: Thomas

[11] BIRTHPLACE OF FATHER (State or country): Scotland

[12] MAIDEN NAME OF MOTHER: Margaret Wilson

[13] BIRTHPLACE OF MOTHER (State or country): Scotland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. Cranston
(Address): 108 Bay View Ave

[15] Filed ..., 191..

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Oct (Month) 30th (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from July, 1917, to Oct 30, 1917, that I last saw him alive on Oct 29th, 1917, and that death occurred, on the date stated above, at 8.30 A.m.

The CAUSE OF DEATH* was as follows:
Chronic Endocarditis
Insufficiency Mitral Valve

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) B. W. Cowell, M.D.

Nov 14, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: Nov 2, 1917

[20] UNDERTAKER: Chas R. Bennison

ADDRESS: Winthrop

Oct 30, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burning, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME WILL MERCHANT

Registered No. 10659

Place of Death and Residence: Boston INFANTS HOSPT.

Date of Death OCT.31 1917, Age years 6 months 20 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace WINTHROP

Name of Father EVERETT MERCHANT

Birthplace of Father GLOUCESTER

Maiden Name of Mother SARAH HARRIS

Birthplace of Mother YARMOUTH.N.S.

Occupation -----

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): INANITION FROM FAT INDIGESTION 5 MOS.

Contributory (Duration): PULM.ATELECTASIS(CONGENITAL)

(Signed) W.W.HOWELL M.D.

1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON MASS.

Place of Burial or removal WINTHROP(WINTHROP CEM)

Undertaker C.R.BENNISON WINTHROP

Usual Residence WINTHROP(5 WAVE WAY)

Filed NOV.5 1917.

A true copy. Attest: E W M Glenen

Registrar.

Oct. 31, 1917

[5-'17-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop -BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop Mass. (No. Cliff House. St.; Ward)

2 FULL NAME Mary ~~M.~~ J. O'Brien
[If married or divorced woman or widow give maiden name, also name of husband.] Mary J. Gildart wife of Isaac B. O'Brien

a RESIDENCE Glover Ave Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married.

6 DATE OF BIRTH: Dec 5 1860 (Month) (Day) (Year)

7 AGE: 56 yrs. 10 mos. 28 ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Nixon ~~Macon~~ N.B.

PARENTS

10 NAME OF FATHER: John Gildart

11 BIRTHPLACE OF FATHER (State or country): Nixon N.B.

12 MAIDEN NAME OF MOTHER: Eliza McFarland.

13 BIRTHPLACE OF MOTHER (State or country): Nixon N.B.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H.B.Wadely
(Address) Billerica Mass.

15 Filed ..... 191..
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. 2 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct. 15., 1917, to Nov. 2., 1917, that I last saw her alive on Nov. 2., 1917, and that death occurred, on the date stated above, at 2 P. m

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

Did a surgical operation precede death? No Date

(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY) Diabetes Mellitus

(Duration) 10 yrs. mos. ds.

(Signed) W. J. Porter, M.D.

Nov. 2., 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cem. Nov 4

DATE OF BURIAL: Nov 4, 1917

20 UNDERTAKER: L. J. Wakeman & Son

ADDRESS: Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Nov 2, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH

WINTHROP (No. 24 MERMAID AVE. St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME MICHAEL O'NEIL

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 24 Mermaid Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: MALE

[4] COLOR OR RACE: WHITE

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): SINGLE

[6] DATE OF BIRTH: (Month) (Day), 1 (Year)

[7] AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: STEAMFITTER

(b) General nature of Industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): DANVERS MASS.

PARENTS

[10] NAME OF FATHER: DANIEL

[11] BIRTHPLACE OF FATHER (State or country): IRELAND

[12] MAIDEN NAME OF MOTHER: BRIDGET SULLIVAN

[13] BIRTHPLACE OF MOTHER (State or country): IRELAND

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) MRS. FLEMING

(Address) 24 MERMAID AVE.

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Nov (Month) 9 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Nov 1, 1917, to Nov 3, 1917, that I last saw he alive on Nov 3, 1917, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Chronic Parenchymatous Nephritis (Duration) 2 yrs. mos. ds.

(Signed) Harvey A. Kelly, M.D.

Nov 4, 1917 (Address) 210 Pleasant St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: DANVERS

DATE OF BURIAL: NOV. 8, 191

[20] UNDERTAKER: John F. C. Maley

ADDRESS: Windsor

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Nov. 3, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 461, Shirley St — St.; ..... Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Jeremiah B. Black

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 461 Shirley St Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Male

[4] COLOR OR RACE White

[5] ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (*Write* the word) Married

[6] DATE OF BIRTH January (Month) 14 (Day), 1836 (Year)

[7] AGE 81 yrs. 11 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Stationary Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Maine

PARENTS

[10] NAME OF FATHER Jeremiah Black

[11] BIRTHPLACE OF FATHER (State or country) Not Known

[12] MAIDEN NAME OF MOTHER Not "

[13] BIRTHPLACE OF MOTHER (State or country) "

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Son, John B Black

(Address) Winthrop Mass

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Nov. (Month) 3d (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Sept. 1, 1917, to Nov. 1917, that I last saw him alive on Nov. 3d, 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Arteria-sclerosis

Indef. (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Interstitial Nephritis

Indef. (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Porter, M.D.

Nov. 4, 1917. (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cem Winthrop

DATE OF BURIAL Nov 5, 1917

[20] UNDERTAKER Thos. C. K. Bennett

ADDRESS Winthrop Mass

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

Nov 3, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 7, Temple Ave. St.; Ward)

2 FULL NAME Phoebe C. Parker.
[If married or divorced woman or widow give maiden name, also name of husband.] Clark Rattler Phoebe Rattler

a RESIDENCE 7 Temple Ave. Wimthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown (Month) 1865 (Day) (Year)

7 AGE: 52 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): New York City,

PARENTS

10 NAME OF FATHER: Philip Rattler

11 BIRTHPLACE OF FATHER (State or country): New York

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): New York N.Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr Clark Parker
(Address) 7 Temple Ave.

15 Filed, 191
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November (Month) 7. (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from July 31st, 1915, to November 7, 1917, that I last saw her alive on Nov. 6th, 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Indefinite (Duration) yrs. mos. ds.

Contributory (SECONDARY) Organic Heart Disease

Indef. (Duration) yrs. mos. ds.

(Signed) W. J. Porter, M.D.

Nov. 7, 1917 (Address) Winthrop.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Forest Hills

DATE OF BURIAL: Nov 10, 1917

20 UNDERTAKER: A. L. Eastman Co.

ADDRESS: Boston.

Nov. 7, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

Board of Health, City of Newton. The within return countersigned and approved this ..... day of ..... 191 ..... Agent.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 92, Marshall St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Lawrence K. Smith

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE Winthrop - 92 Marshall St Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX M

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

[6] DATE OF BIRTH 12 (Month) 10 (Day), 1890 (Year)

[7] AGE 26 yrs. 11 mos. 1 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Baggage Master

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) E. Boston

PARENTS

[10] NAME OF FATHER Hadoram Smith

[11] BIRTHPLACE OF FATHER (State or country) Beverly

[12] MAIDEN NAME OF MOTHER Edith M. Kempton

[13] BIRTHPLACE OF MOTHER (State or country) Liverpool N.S.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hadoram Smith

(Address) 92 Marshall St

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Nov. (Month) 11 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Nov 9th, 1917, to Nov. 11, 1917, that I last saw him alive on Nov 10, 1917, and that death occurred, on the date stated above, at 11 a m

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Mitral regurgitation

(Duration) 2 yrs. mos. ds

(Signed) W. J. Morrison, M.D

Nov 11, 1917 (Address) 88 Princeton St E B

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cemt — DATE OF BURIAL 12-13, 1917

[20] UNDERTAKER W. C. Skaggs — ADDRESS Winthrop

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Nov 11, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B. — Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH GREEN INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 15, Bates ave St.; Ward)

2 FULL NAME Russell Tewksbury

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE # 15 Bates ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Aug 26 1833 (Month) (Day) (Year)

7 AGE: 84 yrs. 2 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Milk dealer

9 BIRTHPLACE (State or country): Winthrop Mass

PARENTS

10 NAME OF FATHER: Samuel H.

11 BIRTHPLACE OF FATHER (State or country): Winthrop

12 MAIDEN NAME OF MOTHER: Sarah Sturgis

13 BIRTHPLACE OF MOTHER (State or country): Boston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Russell S. Tewksbury
(Address) 15 Bates ave Winthrop

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November (Month) 12 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from Nov. 6, 1917, to Nov. 12, 1917; that I last saw him alive on Nov 11, 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:
Arterio-Sclerosis
Senile Debility
(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles Lirson, M.D.
11/13, 1917 (Address) Chelsea

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Everett Mass

DATE OF BURIAL: Nov 14th, 1917

20 UNDERTAKER: E. R. Brennan

ADDRESS: Winthrop

Nov. 12, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH GRADING INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

9271 Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH: Winthrop - near Deyalls Station, B&B & L&R R St., Ward)

[2] FULL NAME: Elizabeth or Julia Lilkie

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE: 65 Somerset Ave., Winthrop

Registered No. 9517

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: ....., 1..... (Month) (Day) (Year)

[7] AGE: "60" yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min. ?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): /

[9] BIRTHPLACE (State or country): Sanber N. S.

PARENTS

[10] NAME OF FATHER: Unknown

[11] BIRTHPLACE OF FATHER (State or country): Unknown

[12] MAIDEN NAME OF MOTHER: Unknown

[13] BIRTHPLACE OF MOTHER (State or country): Unknown

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Nellie Hamilton
(Address) 38 Beal St Winthrop

[15] Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Nov 21, 1917 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Multiple injuries including fracture of the skull, of the ribs, and of the pelvis, and rupture of the aorta, presumably caused by a steam railroad accident ds.

Contributory (B&B & L R R)
(SECONDARY)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. Burgess Magoun, M.D.
Nov 22 1917 (Address)
MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Holy Cross Malden
DATE OF BURIAL: Nov 25, 1917

[20] UNDERTAKER: John F. O'Maley
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 7-'16. 5,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospita or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 18 Temple Ave St.; Ward)

2 FULL NAME Ada M Husted.

[If married or divorced woman or widow give maiden name, also name of husband.] Ada M Robertson George W Husted.

a RESIDENCE 18 Temple ave Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

6 DATE OF BIRTH June 16 1856, 1 (Month) (Day) (Year)

7 AGE 61 yrs. 5 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of Industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Newport Eng.

PARENTS

10 NAME OF FATHER William Robertson

11 BIRTHPLACE OF FATHER (State or country) Scotland.

12 MAIDEN NAME OF MOTHER Annie Davis.

13 BIRTHPLACE OF MOTHER (State or country) England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G W Husted

(Address) Winthrop Mass

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 26, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Sept, 1917, to Nov 26, 1917, that I last saw her alive on Nov 26, 1917 and that death occurred, on the date stated above, at 9 45 Am

The CAUSE OF DEATH* was as follows:

Myocarditis.

Chronic Sudd cardiac

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) B J Mutcalf, M.D

Nov 27, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Newburgh N Y

DATE OF BURIAL Nov 28, 1917

20 UNDERTAKER C A Tounce

ADDRESS Chelsea

Nov. 26, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17 ' 100,000.

N B – Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

[5-'17-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 53 Summit AVE. St.; Ward)

2 FULL NAME JOHN JOSEPH CALL JR.
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 53 SUMMIT AVE.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: WHITE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): SINGLE

6 DATE OF BIRTH: Feb. (Month) 27, (Day) 1914 (Year)

7 AGE: 3 yrs. 9 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: ----------
(b) General nature of industry, business, or establishment in which employed (or employer): ----------

9 BIRTHPLACE (State or country): Winthrop

PARENTS

10 NAME OF FATHER: JOHN J. CALL

11 BIRTHPLACE OF FATHER (State or country): EAST BOSTON

12 MAIDEN NAME OF MOTHER: MARY A. THOMAS

13 BIRTHPLACE OF MOTHER (State or country): Montreal P.Q.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John J. Call
(Address) 53 Summit Ave.

15 Filed ....., 191.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 30 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from Nov 23, 1917, to Nov 30, 1917, that I last saw him alive on Nov 29, 1917, and that death occurred, on the date stated above, at 12 20 A.M. P.M.

The CAUSE OF DEATH* was as follows:
Acidosis

Did a surgical operation precede death? Date

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. Rheubert, M.D.
Nov 30, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: HOLY CROSS MALDEN
DATE OF BURIAL: 12/1/17, 191.....

20 UNDERTAKER: John F. O'Malley
ADDRESS: Winthrop

Nov. 30, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WHITE PAPER, WITH STRIPED INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Westborough (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Westborough (No. State Hospital St.; Ward)

2 FULL NAME George W. McGaffey

[If married or divorced woman or widow give maiden name, also name of husband.] —

4 RESIDENCE 74 Burney Ave. Winthrop Highlands, Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: November (Month) 24 (Day), 1871 (Year)

7 AGE: 46 yrs. — mos. 6 ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Insurance

(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): New York

PARENTS

10 NAME OF FATHER: Florien H. McGaffey

11 BIRTHPLACE OF FATHER (State or country): Maine

12 MAIDEN NAME OF MOTHER: Augusta E. Higgins

13 BIRTHPLACE OF MOTHER (State or country): Maine

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Westborough State Hospital

(Address) Westborough Mass

15 Filed ..., 191.. Albert R. Sullivan Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November (Month) 30 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from August 21, 1917, to November 30, 1917, that I last saw him alive on November 30, 1917, and that death occurred, on the date stated above, at 6 45 p.m.

The CAUSE OF DEATH* was as follows:

General Paralysis

(Duration) — yrs. — mos. — ds.

Contributory (SECONDARY) —

(Duration) — yrs. — mos. — ds.

(Signed) Winfred Overholser, M.D.

Nov 30, 1917 (Address) Westborough Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 4 mos. 8 ds. In the State 19 yrs. 7 mos. ... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 74 Burney Ave. Winthrop Highlands

19 PLACE OF BURIAL OR REMOVAL: Mass Crematory

DATE OF BURIAL: Dec 4, 1917

20 UNDERTAKER: Fred L. Briggs

ADDRESS: Boston

Dec 1,1917

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

[10-'16-XXM.]

The Commonwealth of Massachusetts

Winthrop ~~BOSTON~~
(City or town.)

STANDARD CERTIFICATE OF DEATH

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH: Winthrop (No. 4 Court Road St.; Ward)

2 FULL NAME: Hannah M Hussey
[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE: 4 Court Road Winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word)
Female	W White	Single

6 DATE OF BIRTH: Dec 1 (Month) 1 (Day) 1867 (Year)

7 AGE: 46 yrs. 2 mos. 14 ds. If LESS than 1 day, hrs. or min ?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Madison Me

PARENTS

10 NAME OF FATHER: Orando Hussey

11 BIRTHPLACE OF FATHER (State or country): Madison Me

12 MAIDEN NAME OF MOTHER: Sarah Reed ~~Calais Me~~

13 BIRTHPLACE OF MOTHER (State or country): Calais Me

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert R Hussey
(Address) 4 Court Rd.

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December 1 (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from May, 1917, to Nov 30, 1917, that I last saw her alive on Nov 30, 1917 and that death occurred, on the date stated above, at 2-30 am,

The CAUSE OF DEATH* was as follows:
tuberculosis pul.

Did a surgical operation precede death? No Date

unknown (Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds

(Signed) Horatio S Card, M.D
Dec 1, 1917 (Address) 676 Tremont St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mass Crematory
DATE OF BURIAL: Dec 3, 1917

20 UNDERTAKER: F S Waterman & Sons
ADDRESS: Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Dec. 1, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 9, Wheelock St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Barbara Goldsmith

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 9 Wheelock St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

[6] DATE OF BIRTH 11 (Month) 7 (Day), 1915 (Year)

[7] AGE 2 yrs. 4 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Winthrop Mass

PARENTS

[10] NAME OF FATHER George W. Goldsmith

[11] BIRTHPLACE OF FATHER (State or country) Manchester Mass

[12] MAIDEN NAME OF MOTHER Christiana S. Jetter

[13] BIRTHPLACE OF MOTHER (State or country) Sherburn Falls Mass

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George W. Goldsmith

(Address) 9 Wheelock St.

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH 12 (Month) 5 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from the 1st, 1917, to the 3d, 1917, that I last saw her alive on the 3d, 1917, and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

nephrosis

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. J. Metcalf, M.D.

the 5th, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cemt

DATE OF BURIAL 12-5, 1917

[20] UNDERTAKER W. C. Skaggs

ADDRESS Winthrop

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Dec 3, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 192, Bartlett Rd St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Elizabeth T. Baker

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE Winthrop 192 Bartlett Rd

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

[6] DATE OF BIRTH 5 (Month) 25 (Day), 1917 (Year)

[7] AGE 2 yrs. 6 mos. 16 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Winthrop Mass.

PARENTS

[10] NAME OF FATHER Ralph H. Baker

[11] BIRTHPLACE OF FATHER (State or country) West Dennis

[12] MAIDEN NAME OF MOTHER Elizabeth Collins

[13] BIRTHPLACE OF MOTHER (State or country) Winthrop, Mass

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ralph H. Baker

(Address) 192 Bartlett Rd

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Dec. (Month) 11. (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Dec. 9th, 1917, to Dec. 11th, 1917, that I last saw her alive on Dec. 11th, 1917, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Cerebro-spinal meningitis.

(Duration), yrs. mos. 2 ds.

Contributory (SECONDARY) Accidents

(Duration) yrs. mos. 2 ds

(Signed) W. F. Porter, M.D

Dec. 13, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL So. Dennis

DATE OF BURIAL 12-14, 1917

[20] UNDERTAKER W. C. Skaggs

ADDRESS Winthrop

Dec. 11, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1917.

CITY OF BOSTON

FULL NAME LOUISE C. FREDERICKS

Registered No. 11911

Place of Death and Residence: Boston 54 STURGIS ROAD

Date of Death DEC. 11 1917, Age 58 years months days.

STATISTICAL DETAILS.

SEX.	COLOR	SINGLE, MARRIED, WID., DIV.
F	W	S

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father WILLIAM FREDERICKS

Birthplace of Father GERMANY

Maiden Name of Mother LOUISE TAYLOR

Birthplace of Mother GERMANY

Occupation AT HOME

Informant

Place of Burial or removal BROOKLINE(HOLYHOO)

Undertaker J.D.FALLON

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1917, to 1917, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) CHRONIC NEPHRITIS

Contributory: (Duration) MYOCARDITIS

(Signed) G.H.GORHAM M.D.

DEC. 11 1917

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(24 GIRDLESTONE RD)

Filed DEC. 14 1917.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON MASS.

Dec 11, 1917

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

[5-'17 XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 72 Pleasant St.; Ward)

2 FULL NAME Thomas Francis Barrett

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 72 Pleasant St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widower

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE: 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Barrett

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine M. Cantly

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Francis H. Barrett

(Address) 72 Pleasant St

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH ....., 191..... (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec. 3, 191..., to ....., 191..., that I last saw h... alive on ....., 191..., and that death occurred, on the date stated above, at ... m

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Did a surgical operation precede death? Date .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ....., M.D

....., 191..., (Address) .....

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Holy Rood

DATE OF BURIAL: Dec. 16, 1917

20 UNDERTAKER: John J. Connolly

ADDRESS: 1409 Washington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

WRITE PLAINLY. WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

Dec. 15, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-17 100,000.

610

[5-'17-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 17 Sunnyside Ave Ward)

2 FULL NAME Eunice Lillian Jenkins
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 252 Folsom Ave Melrose

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word) Single

6 DATE OF BIRTH July 21, 1913 (Month) (Day) (Year)

7 AGE 4 yrs. 4 mos. 25 ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9 BIRTHPLACE (State or country) West Barnstable Mass

PARENTS

10 NAME OF FATHER Fred S. Jenkins

11 BIRTHPLACE OF FATHER (State or country) W. Barnstable

12 MAIDEN NAME OF MOTHER Frances Kellough

13 BIRTHPLACE OF MOTHER (State or country) Everett Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. F. J. Kellough
(Address) 252 Folsom Ave Melrose.

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 16. 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec. 14, 1917, to Dec. 16, 1917, that I last saw her alive on Dec 16, 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Accident

~~Did a surgical operation precede death?~~ ~~Date~~

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Porter, M.D.
Dec. 16, 1917. (Address) Winthrop.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Woodlawn

DATE OF BURIAL Dec 18, 1917

20 UNDERTAKER John F. O'Malley

ADDRESS Winthrop

N B - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dec. 16, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. Metcalf Hospital St.; 1 Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Miss Ella S Parker
[If married or divorced woman or widow give maiden name, also name of husband.]
[a] RESIDENCE Buchanan St
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female
[4] COLOR OR RACE: White
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: Nov 15 (Month) (Day), 1848 (Year)

[7] AGE: 69 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): —

[9] BIRTHPLACE (State or country): Chelsea Mass

PARENTS
[10] NAME OF FATHER: Gilman C. Parker
[11] BIRTHPLACE OF FATHER (State or country): New York
[12] MAIDEN NAME OF MOTHER: Sophia Ruler
[13] BIRTHPLACE OF MOTHER (State or country): Chatham [illegible]

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Isaac C. Hall
(Address) 52 Atlantic St Winthrop

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Dec (Month) 16 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from 1916, 191..., to Dec. 16th, 1917, that I last saw her alive on Dec 15th, 1917, and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH* was as follows:
Chronic Endocarditis
Diabetes
Cancer of stomach
(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) B J Metcalf, M.D.
Dec 17, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL ~~OR REMOVAL~~: Winthrop Cemetery
DATE OF BURIAL: 12/18, 1917

[20] UNDERTAKER: C R Bennison
ADDRESS: Winthrop

Dec 16, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 109 Circuit Rd St.; 2 Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Catherine Cecelia Foote

[If married or divorced woman or widow give maiden name, also name of husband.] Widow Oscar. Edwin Foote

[a] RESIDENCE West. Lebanon N. H.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Female

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widowed

[6] DATE OF BIRTH Oct 17, 1844, (Month) (Day) (Year)

[7] AGE 73 yrs. 2 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Prince Edwards Island

PARENTS

[10] NAME OF FATHER Patrick Clark

[11] BIRTHPLACE OF FATHER (State or country) Ireland

[12] MAIDEN NAME OF MOTHER Sarah Duffey

[13] BIRTHPLACE OF MOTHER (State or country) Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Bennison

(Address) Winthrop

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Dec. 17, 191.. (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from Dec. 1, 191.., to Dec. 17, 191.., that I last saw h.. alive on Dec. 1, 191.., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible], M.D.

Dec. 7, 191.. (Address) [illegible]

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL West Lebanon N.H. Hartford Cemetery

DATE OF BURIAL 12/19, 1917

[20] UNDERTAKER Chas R. Bennison

ADDRESS Winthrop

Dec. 17, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

[10-'16-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

WINTHROP ~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH
WINTHROP (No. 32 EDGEHILL ROAD St.; Ward)

[2] FULL NAME SUMNER EDWARD YOUNG
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 32 EDGEHILL ROAD

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: MALE

[4] COLOR OR RACE: WHITE

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): SINGLE

[6] DATE OF BIRTH: APRIL 24 1903 (Month) (Day) (Year), 1

[7] AGE: 14 yrs. 8 mos. 5 ds.
If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: STUDENT
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): WINTHROP MASS.

PARENTS

[10] NAME OF FATHER: WILEY S YOUNG

[11] BIRTHPLACE OF FATHER (State or country): SHELBOURN N.S.

[12] MAIDEN NAME OF MOTHER: LULU M. FLOYD

[13] BIRTHPLACE OF MOTHER (State or country): WINTHROP MASS.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): WILEY S. YOUNG
(Address): 32 EDGEHILL ROAD

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: December (Month) 19 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Nov 30, 1917, to Dec 19, 1917, that I last saw him alive on Dec 19, 1917, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:
Acute Ascending Spinal Paralysis (Landry's paralysis)

Did a surgical operation precede death? No Date

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY) Bronchopneumonia
(Duration) yrs. mos. 14 ds.

(Signed) Orville E. Johnson, M.D.
Dec 20, 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: WINTHROP CEMETERY
DATE OF BURIAL: Dec 22, 1917

[20] UNDERTAKER: Frederick L. Briggs
ADDRESS: Boston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Dec. 19, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 174, Winthrop St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Edith V. Wellington

[If married or divorced woman or widow give maiden name, also name of husband.] Golding. Frank Wellington

[a] RESIDENCE 23 Ocean ave. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widowed

[6] DATE OF BIRTH 7 (Month) 29 (Day), 1870 (Year)

[7] AGE 47 yrs. 5 mos. 1 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) S

[9] BIRTHPLACE (State or country) St. Johns. N.B.

PARENTS

[10] NAME OF FATHER Samuel G. Golding

[11] BIRTHPLACE OF FATHER (State or country) Cambrige N.B.

[12] MAIDEN NAME OF MOTHER Hannah Vaughn

[13] BIRTHPLACE OF MOTHER (State or country) St. Johns N.B.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Horton Chamberlain

(Address) 41 Chester Ave

[15] Filed _____, 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Dec (Month) 20 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Nov 15, 1917, to Dec 20, 1917, that I last saw her alive on Dec 20, 1917 and that death occurred, on the date stated above, at 6 p m

The CAUSE OF DEATH* was as follows:

(a) Intestinal Nephritis

Indefinite (Duration) yrs. mos. ds.

Contributory (SECONDARY) Anemia

(Duration) yrs. mos. 6 ds

(Signed) Percy J. Dunn M.D

Dec 22, 1917 (Address) 218 Main St Winth

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 23 Ocean Av Winthrop Mass

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cemt

DATE OF BURIAL 12-23, 1917

[20] UNDERTAKER N. C. Skaggs

ADDRESS Winthrop

Dec. 20, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

9347 Winthrop (City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 70, Pleasant Park Ave Ward)

2 FULL NAME Augustine Poggi
[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE 70 Pleasant Park Ave Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widower

6 DATE OF BIRTH Dec 15 1851 (Month) (Day) (Year)

7 AGE 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) [illegible]
(Address) 70 Pleasant Pk Winthrop

15 Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 22, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Asphyxiation by [illegible] (Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Dwyer Maynath, M.D.
Dec 22, 1917 (Address)
MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Winthrop 12/26/17 DATE OF BURIAL Winthrop Cemetery 1917

20 UNDERTAKER E. R. Bennison ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 7-'16. 5,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Waltham (No. M S F M St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Lawrence Reed Wyman
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Winthrop Registered No. 443

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE:

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word):

6 DATE OF BIRTH: March 1904 (Month) (Day) (Year)

7 AGE: 13 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Cambridge

PARENTS

10 NAME OF FATHER: Arthur W

11 BIRTHPLACE OF FATHER (State or country): Lincoln Me

12 MAIDEN NAME OF MOTHER: Julia G Hardenberg

13 BIRTHPLACE OF MOTHER (State or country): Jersey City N J

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): --
(Address):

15 Filed Dec 29, 1917 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 22 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec 14 1917, 191, to Dec 22 1917, 191, that I last saw him alive on Dec 22 1917, 191, and that death occurred, on the date stated above, at 10.45 A m.

The CAUSE OF DEATH* was as follows:
Broncho pneumonia.
Chr valvular disease.
(Duration) yrs. mos. 8 ds.
Contributory (Secondary) Congenital mental defect
(Duration) yrs. mos. ds.

(Signed) Walter E Fernald, M.D.
Dec 22, 1917 (Address) Waverley

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 8 ds. 8 In the State 13 yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Winthrop

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cambridge
DATE OF BURIAL: Dec 22 1917

20 UNDERTAKER: George A Clark
ADDRESS: Waltham

Dec. 22, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 18. 10-'17. 10,000.

N. B.— Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 762, Winthrop St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME May Leibfried

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE Winthrop 762 Winthrop St Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

[6] DATE OF BIRTH 12 (Month) 4 (Day), 1917 (Year)

[7] AGE ..... yrs. ..... mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work .....

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

[9] BIRTHPLACE (State or country) Winthrop

PARENTS

[10] NAME OF FATHER Leibfried Chas. H.

[11] BIRTHPLACE OF FATHER (State or country) Covington Ky.

[12] MAIDEN NAME OF MOTHER Annie C. Higgott

[13] BIRTHPLACE OF MOTHER (State or country) Youngstown Ohio

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. H. Leibfried

(Address) 762 Winthrop St

[15] Filed ....., 191..... .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH 12 (Month) 24 (Day), 1917 (Year)

[17] I HEREBY CERTIFY that I attended deceased from [illegible], 191..., to [illegible], 191..., that I last saw h[illegible] alive on [illegible], 191..., and that death occurred, on the date stated above, at ... m

The CAUSE OF DEATH* was as follows:

[illegible]

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) [illegible]

..... (Duration) ..... yrs. ..... mos. ..... ds

(Signed) [illegible], M D

[illegible], 191..., (Address) [illegible]

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cem. DATE OF BURIAL 12-27, 1917

[20] UNDERTAKER W. C. Skaggs ADDRESS Winthrop

WRITE PLAINLY. WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

Dec. 24, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[5-'17-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 355 Winthrop St.; Ward)

2 FULL NAME Margaret Josephine Prendergast Maloney
[If married or divorced woman or widow give maiden name, also name of husband.] Widow of Thomas Maloney

a RESIDENCE 355 Winthrop St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widow

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 56 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work At Home
(b) General nature of Industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) East Boston

PARENTS

10 NAME OF FATHER Nicholas Prendergast

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary W. Cafferty

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Mary Fullam
(Address) 355 Winthrop St

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 27, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from July 1, 1917, to Dec. 2, 191..., that I last saw her alive on Dec. 27, 191..., and that death occurred, on the date stated above, at 1 ..... m.

The CAUSE OF DEATH* was as follows:
Carcinoma of liver

Did a surgical operation precede death? Date .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles T. Hanson, M.D.
Dec. 27, 1917 (Address) 355 Winthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Holy Cross Malden

DATE OF BURIAL Dec. 29, 1917

20 UNDERTAKER John F. C. Maley

ADDRESS Winthrop

N B – Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Dec. 27, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

[5-'17-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 117, Shore Drive St.; ..... Ward)

2 FULL NAME Chester N. Brainard.

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE 117 Shore Drive Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

6 DATE OF BIRTH: July 16 1873 (Month) (Day) (Year)

7 AGE: 44 yrs. 5 mos. 12 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Newspaper

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Belmont Mass

PARENTS

10 NAME OF FATHER: Laggie Brainard

11 BIRTHPLACE OF FATHER (State or country): Chicago Ill

12 MAIDEN NAME OF MOTHER: Olive Clark

13 BIRTHPLACE OF MOTHER (State or country): Waltham Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Sellers

(Address) 117 Shore Drive

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. (Month) 28. (Day), 1917. (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct. 15., 1917, to Dec. 28., 1917, that I last saw her alive on Dec. 27., 1917, and that death occurred, on the date stated above, at ..... m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Did a surgical operation precede death? Date

Several years. (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. L. Pratt, M.D

Dec. 28., 1917 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR ~~REMOVAL~~: Belmont Cemetery Mass

DATE OF BURIAL: Dec 30, 1917

20 UNDERTAKER: A. H. Graham

ADDRESS: Boston,

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Dec. 28, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Danvers
(City or town.)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Danvers, State (No. Hospital St.; Ward)

2 FULL NAME Mary F. Sillson
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widowed

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 68 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Mass.

PARENTS

10 NAME OF FATHER: James M. Fuller

11 BIRTHPLACE OF FATHER (State or country): Maine

12 MAIDEN NAME OF MOTHER: Mary R. Hathaway

13 BIRTHPLACE OF MOTHER (State or country): Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Curtis Bock
(Address) Hawthorne, Mass.

15 Filed Dec. ....., 1917 Julius Peale
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 28, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Nov. 8, 1917, to Dec. 28, 1917, that I last saw her alive on Dec. 28, 1917, and that death occurred, on the date stated above, at 8:05 a.m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. A. Bryan, M.D.
Jan. 5, 1918 (Address) Danvers State Hospital

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. 1 mos. 20 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Warehan Cemetary, Warehan, Mass.
DATE OF BURIAL: Dec. 30, 1917

20 UNDERTAKER: W. C. Skagg
ADDRESS: Winthrop Mass

Mary F. Sullivan
Dec. 28, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 18. 10-'17. 10,000.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 262 Winthrop St.; Ward)

2 FULL NAME Amy Leibfried

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE 262 Winthrop St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

6 DATE OF BIRTH: 12 (Month) 4 (Day), 1917 (Year)

7 AGE: ....yrs. ....mos. 28 ds. If LESS than 1 day, ...hrs. or ....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Winthrop

PARENTS

10 NAME OF FATHER: Chas. H. Leibfried

11 BIRTHPLACE OF FATHER (State or country): Covington Ky.

12 MAIDEN NAME OF MOTHER: Amy C. Higgott

13 BIRTHPLACE OF MOTHER (State or country): Youngstown O.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas H. Leibfried

(Address) 262 Winthrop St

15 Filed ....., 191.... .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 12 (Month) 28 (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec 4, 1917, to Dec 28, 1917, that I last saw h... alive on Dec 28, 1917, and that death occurred, on the date stated above, at ....m

The CAUSE OF DEATH* was as follows:

Tuberculosis

....(Duration) ....yrs. ....mos. ....ds.

Contributory (SECONDARY) [illegible]

....(Duration) ....yrs. ....mos. ....ds

(Signed) [illegible], M.D

Dec 29, 1917 (Address) [illegible]

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cem.

DATE OF BURIAL: 12-31, 1917

20 UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

Dec. 28, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[5-'17-XXM]

The Commonwealth of Massachusetts

Winthrop - Mass
~~BOSTON~~
(City or town.)

STANDARD CERTIFICATE OF DEATH

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop - Mass (No. 450 Pleasant St.; ..... Ward)

2 FULL NAME Giovanna Marotta
[If married or divorced woman or widow give maiden name, also name of husband.] Giovanna Materazzo wife of Raffaele Marotta

3 RESIDENCE 450 Pleasant St. Winthrop Mass
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX: Female
4 COLOR OR RACE: White
5 ~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ (Write the word): Widowed

6 DATE OF BIRTH: Unknown (Month) (Day) (Year)

7 AGE: 85 yrs. ..... mos. ..... ds
If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Italy

PARENTS
10 NAME OF FATHER: Antonio Materazzo
11 BIRTHPLACE OF FATHER (State or country): Italy
12 MAIDEN NAME OF MOTHER: Agnesa Cataldo
13 BIRTHPLACE OF MOTHER (State or country): Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francesco Marotta
(Address) 450 Pleasant St. Winthrop

15 Filed ....., 191.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. 29th, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec. 28, 191..., to Dec. 29, 191..., that I last saw h... alive on Dec. 27, 191..., and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:
Uremia - nephritis, interstitial

Did a surgical operation precede death? No Date

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles F. Mahoney, M.D.
..... 191.8 (Address) 3[illegible]

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence 450 Pleasant St. Winthrop Mass

19 PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery
DATE OF BURIAL: Jan. 2, 1918

20 UNDERTAKER: Cangiano & Jannini
ADDRESS: 215 North St. Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Giovanna Marolla
Dec. 29, 1917

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17 *100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 89, Summit Ave. St.; ..... Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Issael R. Woodside

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 89 Summit Ave. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX M

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

[6] DATE OF BIRTH 9 (Month) 19 (Day), 1871 (Year)

[7] AGE 46 yrs. 3 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Mgr. Oils

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Freeport, Me.

PARENTS

[10] NAME OF FATHER Samuel Woodside

[11] BIRTHPLACE OF FATHER (State or country) Freeport, Me.

[12] MAIDEN NAME OF MOTHER Unknown

[13] BIRTHPLACE OF MOTHER (State or country) Unknown

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. I. R. Woodside

(Address) 89 Summit Ave

[15] Filed ....., 191.... .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH 1 (Month) 4 (Day), 1918 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Oct 1st, 1916, to Jan. 4, 1918, that I last saw him alive on Jan. 4, 1918, and that death occurred, on the date stated above, at 1P m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Several years (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Hemorrhage (Lungs)

..... (Duration) ..... yrs. ..... mos. ..... ds

(Signed) W. L. Porter, M.D

Jan. 6, 1918, (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL Portland Me. Evergreen Cemet.

DATE OF BURIAL Jan. 6, 191....

[20] UNDERTAKER W. C. Skaggs

ADDRESS Winthrop

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Jan. 4, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop Beach Mass (No. 24, Underhill St.; Ward)

2 FULL NAME Clarence Hemenway Billings
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 24 Underhill St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Feb 27 (Month) (Day), 1850 (Year)

7 AGE: 67 yrs. 10 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor (Retired 1 yr)
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Canton Massachusetts.

PARENTS

10 NAME OF FATHER: Uriah Billings

11 BIRTHPLACE OF FATHER (State or country): Canton Massachusetts

12 MAIDEN NAME OF MOTHER: Lucretia Holden

13 BIRTHPLACE OF MOTHER (State or country): Groton - N. H.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clarence E. Billings
(Address) 114 Iron St. New Haven Ct

15 Filed _____, 191..
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 7th (Month) (Day), 1918 (Year)

17 I HEREBY CERTIFY that I attended deceased from Apr 30, 1917, to Jan 4th, 1918, that I last saw him alive on Jan 4th, 1918, and that death occurred, on the date stated above, at 12-20 PM

The CAUSE OF DEATH* was as follows:
Senile Paresis
(Duration) 1 yrs. 6 mos. ds.

Contributory (SECONDARY) Hemorrhage of the Stomach (Duration) yrs. mos. 5 ds

(Signed) Charles P Bean, M.D
Jan 4th, 1918 (Address) 426 Mass Ave - Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn - Tomb

DATE OF BURIAL: Jan 7, 1918

20 UNDERTAKER: H. C. Skaggs

ADDRESS: Winthrop

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Jan. 4, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Mass (No. 34 Brookfield Rd. St. ..... Ward)

2 FULL NAME Chester Henry Pope

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 34 Brookfield Road Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov – 6 – 1913 (Month) (Day) (Year)

7 AGE: 4 yrs. 2 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work — / — / —
(b) General nature of industry, business, or establishment in which employed (or employer) — / — / —

9 BIRTHPLACE (State or country): Winthrop Mass

PARENTS

10 NAME OF FATHER: Chester. H. Pope, Sr.

11 BIRTHPLACE OF FATHER (State or country): Boston Mass

12 MAIDEN NAME OF MOTHER: Ruth. E. Tucker

13 BIRTHPLACE OF MOTHER (State or country): Winthrop Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chester H. Pope
(Address) 34 Brookfield Rd Winthrop

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 5th, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan 2nd, 1918, to Jan 5th, 1918, that I last saw him alive on Jan 5th, 1918, and that death occurred, on the date stated above, at 10.15 a.m.

The CAUSE OF DEATH* was as follows:
Influenza
Acidosis

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Pope, M.D.
Jan 5, 1918 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: 1/7, 1918

20 UNDERTAKER: E. K. Jennison

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc. .
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 40, Cottage Pk Rd St.; Ward)

2 FULL NAME John B. Huckins
[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE 40 Cottage Pk. Rd. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE: 83 yrs. 8 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired - Lumber
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Bangor Me

PARENTS

10 NAME OF FATHER: John Huckins

11 BIRTHPLACE OF FATHER (State or country): Prince Edward I. Can

12 MAIDEN NAME OF MOTHER: Sarah Libbets

13 BIRTHPLACE OF MOTHER (State or country): Eastern Me.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. J. B. Huckins
(Address): 40 Cottage Pk Rd.

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 1 (Month) 6 (Day), 1918 (Year)

17 I HEREBY CERTIFY that I attended deceased from July, 1917, to Jan 1, 1918, that I last saw him alive on Jan 1, 1918, and that death occurred, on the date stated above, at 4 m

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

Indefinite (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds

(Signed) Tracy G. Brown, M.D

Jan 6, 1918 (Address) 218 Main St Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Pine Grove Lynn

DATE OF BURIAL: Jan. 7, 1918

20 UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

Jan. 6, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF **BOSTON**

FULL NAME LAWRENCE M.SMITH

Registered No. 200

Place of Death and Residence: Boston MASS.HOMEO.HOSPT.

Date of Death JAN.6 1918, Age 20 years 8 months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace BELMONT.N.H.

Name of Father JASPER D. SMITH

Birthplace of Father SANDWICH.N.H.

Maiden Name of Mother FLORENCE M.KNOWLES

Birthplace of Mother BOSTON(EAST)

Occupation CLERK

Informant

Place of Burial or removal CONCORD.N.H.

Undertaker E.J.FIELD

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) LOBAR PNEUMONIA

Contributory: (Duration)

(Signed) H.M.POLLOCK M.D

JAN.7 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(226 MAIN ST)

Filed JAN.11 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON MASS.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

[5-'17 XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
399 Winthrop Street (No. ....., Winthrop, Mass. St. ..... Ward)

2 FULL NAME Maria Grazia Mancuso,
[If married or divorced woman or widow give maiden name, also name of husband.] Salvatore Rinaldi

3 RESIDENCE 399 Winthrop St., Winthrop, Mass.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widowed

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 64 yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Italy

PARENTS

10 NAME OF FATHER: Joseph Rinaldi

11 BIRTHPLACE OF FATHER (State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Micheal Mancuso
(Address) 399 Winthrop Street,

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 8, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct 1, 1917 to Jan 8, 1918, that I last saw her alive on Jan 6, 1918, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

Did a surgical operation precede death? No Date .....

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) General Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry A. Feeley M.D.
Jan 9, 1918 (Address) 200 Elm St

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery
DATE OF BURIAL: Jan 13, 1918

20 UNDERTAKER: F. J. Crosby
ADDRESS: 12 Warren St Roxbury Mass

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Jan. 8, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-17. 100,000.

[5-'17-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 24 Maple Road St. Ward)

2 FULL NAME Timothy D Sullivan
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 24 Maple Road

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Married

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Ireland

PARENTS

10 NAME OF FATHER Timothy

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Healy

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wife
(Address) 24 Maple Road

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan, ..., 191..... (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Nov 2, 191..., to Jan, 191..., that I last saw him alive on Jan, 191..., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Carcinoma of pancreas

Did a surgical operation precede death? No Date .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Senile debility

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. F. Graham, M.D.
Jan 2, 1917 (Address) 5 Winthrop St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Holy Hood — DATE OF BURIAL Jan 15, 1917

20 UNDERTAKER Richard E. Kibbe — ADDRESS Boston

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Jan. 8 11, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1 '17. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

9411 Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 100 Main St., Ward)

[2] FULL NAME John Belcher

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 100 Main St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH (Month) (Day) (Year)

[7] AGE: 76 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Retired Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Lockeport, N.S.

PARENTS

[10] NAME OF FATHER: Stephen Belcher

[11] BIRTHPLACE OF FATHER (State or country): N.S.

[12] MAIDEN NAME OF MOTHER: Elizabeth Chadsey

[13] BIRTHPLACE OF MOTHER (State or country): N.S.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. John Belcher

(Address) 150 Main St.

[15] Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Jan. 12, 1918 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes; Presumably Cardiovascular disease incidental to age.

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) George Burgess Magrath, M.D.

Jan. 13, 1918 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cemt. DATE OF BURIAL: 1-15, 1918

[20] UNDERTAKER: W. C. Skaggs ADDRESS: Winthrop

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Jan 12, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 7-'16. 5,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

9427

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 400, Winthrop St., Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME William J. Higgins

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE No permanent home

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

[6] DATE OF BIRTH (Month) (Day) (Year)

[7] AGE: ~~30-35~~ 32 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Manchester N.H.

PARENTS

[10] NAME OF FATHER: John

[11] BIRTHPLACE OF FATHER (State or country): Ireland

[12] MAIDEN NAME OF MOTHER: Mary Murray

[13] BIRTHPLACE OF MOTHER (State or country): Manchester N.H.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Higgins

(Address) 10 Locust St Winthrop

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Jan. 16-17, 1918 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Exhaustion and other effects of the use of alcohol.

(Formal) (Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) George Burgess Magrath, M.D.

Jan 17, 1918 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: St Josephs Manchester N.H.

DATE OF BURIAL: Jan. 20 1918

[20] UNDERTAKER: John F. C. Maley

ADDRESS: Winthrop

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 7-'16. 5,000.

N B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 240 Pleasant St.; Ward)

2 FULL NAME Ralph Hilton Tewksbury

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 240 Pleasant St Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Mar 4 1879 (Month) (Day) (Year)

7 AGE: 40 yrs. 10 mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Winthrop, Mass

PARENTS

10 NAME OF FATHER: Albert N. Tewksbury

11 BIRTHPLACE OF FATHER (State or country): Winthrop

12 MAIDEN NAME OF MOTHER: Ellen V. Tewksbury

13 BIRTHPLACE OF MOTHER (State or country): Winthrop

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): C R Dennison

(Address)

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. 20, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan. 18, 1918, to Jan. 20, 1918; that I last saw he alive on Jan. 19, 1918, and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY): Diabetes Mellitus

(Duration) yrs. mos. ds.

(Signed) L. W. Pierce, M.D.

Jan. 22, 1918 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: 1/23, 1918

20 UNDERTAKER: C R Dennison

ADDRESS: Winthrop

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Jan. 20, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

9439

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 217 Cliff ave St., Ward)

[2] FULL NAME Edwin E. Snow

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 217 Cliff ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX

[4] COLOR OR RACE

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word)

[6] DATE OF BIRTH ..., 1... (Month) (Day) (Year)

[7] AGE 76 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country)

PARENTS

[10] NAME OF FATHER

[11] BIRTHPLACE OF FATHER (State or country)

[12] MAIDEN NAME OF MOTHER

[13] BIRTHPLACE OF MOTHER (State or country)

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

[15] Filed ..., 191...

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Jan. 21, 1918 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes.
Cardio-vascular disease.
(Sudden death)

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Leroy Burgess Magrath, M.D.

Jan 21, 1918 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL ..., 191...

[20] UNDERTAKER Henry F. Cate

ADDRESS West Newton Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 7-'16. 5,000.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop Hldg (No. 217 Cliff St. St., ... Ward)

2 FULL NAME Edwin E Snow
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 217 Cliff St Winthrop Hldg Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Dec (Month) 29 (Day), 1841 (Year)

7 AGE: 76 yrs. X mos. 23 ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Dye stuff
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Yarmouthport Mass

PARENTS

10 NAME OF FATHER: Henry David Snow

11 BIRTHPLACE OF FATHER (State or country): Yarmouthport Mass

12 MAIDEN NAME OF MOTHER: Rosanna Howes

13 BIRTHPLACE OF MOTHER (State or country): Yarmouthport Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Francis L Snow
(Address): 255 Fuller St W. Newton

15 Filed ....., 191.... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: ....., 191.... (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from ....., 191...., to ....., 191....., that I last saw h..... alive on ....., 191....., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

.....
.....
.....
.....(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....
.....(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ....., M.D.
....., 191.... (Address) .....

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Oak Grove Cemetery Medford
DATE OF BURIAL: Jan 24 1918

20 UNDERTAKER: H. F. Cate
ADDRESS: W Newton

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Jan. 21, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

Board of Health, City of Newton. The within return countersigned and approved this ..... day of ..... 191 ..... Agent.

R. 15. 1-'17. 100,000.

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 77 Harbor View ave St.: ..... Ward) ..... (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Albert Mortimer Walson

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 77 Harbor View ave Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Male

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widower

[6] DATE OF BIRTH Dec 28 (Month) 1837 (Day), (Year)

[7] AGE 80 yrs. X mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

[9] BIRTHPLACE (State or country) Duxbury Mass

PARENTS

[10] NAME OF FATHER Gilbert M. Walson

[11] BIRTHPLACE OF FATHER (State or country) Duxbury Mass

[12] MAIDEN NAME OF MOTHER Debbie Burgess

[13] BIRTHPLACE OF MOTHER (State or country) Duxbury Mass

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C R Penniman

(Address) Winthrop

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH January (Month) 21. (Day), 1918. (Year)

[17] I HEREBY CERTIFY that I attended deceased from Jan. 16, 1918, to Jan. 21, 1918, that I last saw him alive on Jan. 21, 1918, and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Indefinite (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Acute Indigestion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. F. Porter, M.D.

Jan. 22, 1918 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF [redacted] REMOVAL Winthrop Town

DATE OF BURIAL 1/24, 1918

[20] UNDERTAKER C R Penniman

ADDRESS Winthrop

Jan. 21, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[5-'17-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 18, Herman St.; Ward)

2 FULL NAME Mary Francis Mansfield
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 18 Herman St Winthrop

Registered No.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH (Month) (Day), 1 (Year)

7 AGE: 46 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Rox

PARENTS

10 NAME OF FATHER: James Regan

11 BIRTHPLACE OF FATHER (State or country): Rox

12 MAIDEN NAME OF MOTHER: Rosanna

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Regan
(Address) 17 Elmade St Rox

15 Filed, 191
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. 22nd, 191 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Aug. 15, 1918, to Jan. 22nd, 1919, that I last saw her alive on Jan. 20, 1919, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Epithelioma of Cervix Uteri

Did a surgical operation precede death? yes Date Sept. 15.

(Duration) 2 yrs. 4 mos. ds.

Contributory (SECONDARY) Cardiac Dropsy.

(Duration) 1 yrs. 1 mos. ds.

(Signed) W. L. Porter, M.D.

Jan. 22, 1919, (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Calvary Cemetery — DATE OF BURIAL: 1/24, 1918

20 UNDERTAKER: Patrick H Raffle — ADDRESS: 1178 Tremont Rox

Jan. 22, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME MAYBELLE CUTTING

Registered No. 903

Place of Death and Residence: Boston BAY STATE HOSP.

Date of Death JAN 23 1918, Age 25 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	SINGLE

Maiden Name

Husband's Name

Birthplace BOSTON MASST

Name of Father FREDERICK CUTTING

Birthplace of Father NEW YORK N.Y.

Maiden Name of Mother ELLEN MURRAY

Birthplace of Mother HYDE PARK MASS

Occupation SECRETARY

Informant

Place of Burial or removal CALVARY BOSTON

Undertaker J.F.O'MALEY WINTHROP.

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): CARCINOMA OF INTESTINE AND BL BLADDER (OPER. JAN 21 1918)

Contributory (Duration): MYOCARDIAL WEAKNESS

(Signed) H.H.HOWARD M.D.

JAN 23 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP (93 COURT ROSD)

Filed JAN 29 1918.

A true copy. Attest: E.W.M. Glennon

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON MASS.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME HAROLD G. CARVER

Registered No. 1008

Place of Death and Residence: Boston MASS GEN HOSP.

Date of Death JAN 25 1918, Age 31 years 4 months 9 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	WIDOWED

Maiden Name

Husband's Name

Birthplace BOSTON MASS

Name of Father GEORGE H. CARVER

Birthplace of Father BOSTON MASS

Maiden Name of Mother NELLIE G. GOODWIN

Birthplace of Mother NEWBURYPORT MASS

Occupation CLERK

Informant

Place of Burial or removal SALEM

Undertaker W. C. SKAGGS WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) MENINGITIS (MENINGOCOCCUS)

Contributory: (Duration)

(Signed) H. M. HERSEY M.D.

JAN 26 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP (7 VINE AV)

Filed JAN 31 1918.

A true copy. Attest: E. W. McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTON, MASS. SICUT PATRIBUS SIT DEUS NOBIS BOSTONIA CONDITA A. 1630. CUI TUTE REGIMINE DONATA A. 1822.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME HANNAH E. SULLIVAN

Registered No. 1095

Place of Death and Residence: Boston ST. ELIZABETH'S HOSP.

Date of Death JAN 28 1918, Age 57 years 5 months 16 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	MARRIED

Maiden Name: CLIFFORD

Husband's Name: TIMOTHY SULLIVAN

Birthplace: BANGOR ME.

Name of Father: GEOFFREY CLIFFORD

Birthplace of Father: IRELAND

Maiden Name of Mother: MARY CASEY

Birthplace of Mother: IRELAND

Occupation: AT HOME

Informant:

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) AC. CARDIAC DILATATION

Contributory: (Duration) DOUBLE PLEURISY WITH EFFUSION

(Signed) T. J. O'BRIEN M.D.

JAN 28 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Place of Burial or removal: BANGOR ME. (BIRCH HILL)

Usual Residence: WINTHROP (67 CENTRE ST)

Undertaker: J. F. SULLIVAN BOSTON

Filed FEB 1 1918.

A true copy. Attest: E W McGlenen

Registrar.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD.

[5-'17-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No. 29, Elmwood Ave St.; Ward)

2 FULL NAME Emilie F. Loudon (maiden name Howe)
[If married or divorced woman or widow give maiden name, also name of husband.] Henry B. Loudon

a RESIDENCE 29 Elmwood Ave Winthrop

Registered No.

N B - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

C. A. Rollins Embalmer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Sept (Month) 10 (Day), 1836 (Year)

7 AGE: 83 yrs. 4 mos. 19 ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Searsport, ~~Atna~~, Me

PARENTS
10 NAME OF FATHER: John Howe
11 BIRTHPLACE OF FATHER (State or country): Atna, Me.
12 MAIDEN NAME OF MOTHER: Clara M. Dyer
13 BIRTHPLACE OF MOTHER (State or country): Stetbeer, Me ~~Searsport, Me.~~

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John G Allen.
(Address) 29 Elmwood Ave.

15 Filed _____, 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 29th (Day), 1918 (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct 10, 1917, to Jan 27, 1918, that I last saw h. alive on Jan 27, 1918, and that death occurred, on the date stated above, at 3 45 p.m.

The CAUSE OF DEATH* was as follows:

Did surgical operation precede death? no Date —

Dilatation of Heart (Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) Arteri-sclerosis (Duration) 10 yrs. mos. ds.

(Signed) F. F. Morse, M.D.

Jan. 30, 1918 (Address) 462 Boylston St Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Everett Woodlawn Cem
DATE OF BURIAL: Jan. 31, 1918

20 UNDERTAKER: C. A. Rollins. East Boston
ADDRESS: 300 Meridian St.

Jan. 29, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

Township Winthrop or Village or

City No. , St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Richard Paine

(a) Residence. No. 172 Hermon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 8 1917

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop (State or country)

PARENTS

10 NAME OF FATHER George Fuller Paine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Winthrop

12 MAIDEN NAME OF MOTHER Hattie Dennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) East Boston Mass

14 Informant Geo. Fuller Paine (Address) 172 Hermon St.

15 Filed , 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1918

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1918, to Feb 4, 1918. that I last saw him alive on Feb 3, 1918. and that death occurred, on the date stated above, at 19 m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Septicemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Helen J. Doherty, M.D.

2/5, 1918 (Address) 193 Huntington Ave Boston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Mass

DATE OF BURIAL 2/6 1918

20 UNDERTAKER C R Benner

ADDRESS Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

9472 Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop Town No. Hall St., Ward)

[2] FULL NAME Charles Frank Hargrave
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 68 Winthrop St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: Feb (Month) 13 (Day), 1866 (Year)

[7] AGE: 50 yrs. 11 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Building Inspector
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): East Boston Mass

PARENTS

[10] NAME OF FATHER: George Hargrave

[11] BIRTHPLACE OF FATHER (State or country): England

[12] MAIDEN NAME OF MOTHER: Mary Leopold

[13] BIRTHPLACE OF MOTHER (State or country): Germany

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Hargrave
(Address) 68 Winthrop St

[15] Filed ....., 191.. .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Feb (Month) 5 (Day), 191[illegible] (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Pistol Shot wound of the Head, Suicidal

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas Burgess Magrath, M.D.
Feb 5, 191[illegible] (Address) .....
MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Woodlawn

DATE OF BURIAL: [illegible], 191[illegible]

[20] UNDERTAKER: E. G. Brown Rm. East Boston

ADDRESS:

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 7-'16. 5,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township or Village Winthrop or
City No. 37, Underhill St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James H. Soulis
(a) Residence No. 37 Underhill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 75 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-22-1842

7 AGE: Years 75 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Builder
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) Bear River
(State or country) Canada

PARENTS
10 NAME OF FATHER William Soulis
11 BIRTHPLACE OF FATHER (city or town) Bear River
(State or country) Canada
12 MAIDEN NAME OF MOTHER Sarah Johnson
13 BIRTHPLACE OF MOTHER (city or town) Smith Cove
(State or country) Me

14 Informant Mrs. Miriam Walton
(Address) 37 Underhill St. Winthrop

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb [illegible] 1918

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1918, to Feb 5, 1918.
that I last saw him alive on Feb 5, 1918.
and that death occurred, on the date stated above, at — m.
The CAUSE OF DEATH* was as follows:
Hypostatic Pneumonia
(duration) ..... yrs. ..... mos. ✓ ds.
CONTRIBUTORY (SECONDARY) Cardiac disease C
Arteriosclerosis (duration) ✓ yrs. ..... mos. ..... ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? —
What test confirmed diagnosis? —
(Signed) Wm R. J. Basch, M.D.
, 19 (Address) 26 Sturgis St. Winthrop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Tomb N. E. Harbor, Me
DATE OF BURIAL Tomb with 2-7- 1918
20 UNDERTAKER W. C. Skaggs
ADDRESS Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Example: *Accidental drowning; Struck by railway train — a [illegible] revolver wound of head — homicide; Poisoned [illegible] acid — probably suicide.* The nature of the [illegible] fracture of skull, and consequences (e. g., *sep[illegible]us*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

Suffolk

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH County Suffolk State Registered No.

Township Winthrop or Village or

City No. , St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriet Ward

(a) Residence. No. 25 Lincoln Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John M Ward

6 DATE OF BIRTH (month, day, and year) July

7 AGE 75 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED At Home

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lawrence Mass

PARENTS

10 NAME OF FATHER John Tighe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Alice Arnold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Greeley

(Address) 25 Lincoln Terrace

15 Filed , 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7. 1918.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20. 1918, to Feb. 7. 1918.

that I last saw her alive on Feb. 3. 1918.

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

Indef. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac Dropsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Stethoscope

(Signed) W. F. Parker, M.D.

18, 1918 (Address) 562 Shirley St. Winthrop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Old Rollinsford Cemetery

DATE OF BURIAL Feb. 11 1918

20 UNDERTAKER Thos F. Hill Jr

ADDRESS Everett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH: Winthrop, Mass (No. 36 Pleasant St. St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME: Mrs. Annie, Maria, Freeman

[If married or divorced woman or widow give maiden name, also name of husband.] Loud widow of Knowles Freeman.

[a] RESIDENCE: 36 Pleasant St: Winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

[6] DATE OF BIRTH: Sept. 24, 1843 (Month) (Day) (Year)

[7] AGE: 74 yrs. 4 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Boston, Mass

PARENTS

[10] NAME OF FATHER: Samuel Loud

[11] BIRTHPLACE OF FATHER (State or country): Portsmouth, N. H.

[12] MAIDEN NAME OF MOTHER: Anna G. Hidden Cox

[13] BIRTHPLACE OF MOTHER (State or country): Gardiner, Maine

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clemmie E. White.
(Address) 36 Pleasant St. Winthrop

[15] Filed ..... 191.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: February 8, 1918 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from January 10, 1918, to February 8, 1918, that I last saw her alive on February 7, 1918, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 15 ds.

Contributory (SECONDARY) Arteriosclerosis & Bronchitis (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Charles Lewis, M.D.
2/9, 1918 (Address) Chelsea

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Woodlawn
DATE OF BURIAL: Feb. 10, 1918

[20] UNDERTAKER: E. G. Brown Kem
ADDRESS: East Boston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Feb. 8, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

[5-'17-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

_6_ BOSTON (City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH: Winthrop (No. 491 Pleasant Street St. Ward)

2 FULL NAME: Susan A. Macgowan

[If married or divorced woman or widow give maiden name, also name of husband.] Susan A. Hall widow of Peter S.

4 RESIDENCE: 491 Pleasant Street winthrop.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): widowed

6 DATE OF BIRTH: Oct 11 1847. (Month) (Day) (Year)

7 AGE: 70 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Chelsea Mass.

PARENTS

10 NAME OF FATHER: Isaac Hall.

11 BIRTHPLACE OF FATHER (State or country): Sandwich Mass.

12 MAIDEN NAME OF MOTHER: Susan Ryder.

13 BIRTHPLACE OF MOTHER (State or country): Chatham Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Early

(Address) 491 Pleasant Street

15 Filed _____, 191_____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February (Month) 10. (Day), 1918. (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan. 15, 1918, to Feb. 10., 1918; that I last saw her alive on Feb. 10., 1918, and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Organic heart disease

Did a surgical operation precede death? Date

Indefinite (Duration) yrs. mos. ds.

Contributory (SECONDARY) Cardiac & Renal Dropsy (Duration) yrs. 6 mos. 5 ds.

(Signed) W. L. Porter, M.D.

Feb. 12, 1918 (Address) Winthrop.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: winthrop Cem'

DATE OF BURIAL: Feb. 14, 1918

20 UNDERTAKER: F. S. Waterman & Sons

ADDRESS: Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be given in years, months, days, hours.

Feb. 10, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 140 Cliff ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Hanson Spaulding

(a) Residence. No. 140 Cliff ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 3 years 2 months days. How long in U. S., if of foreign birth? 68 years 10 months 7 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma G. Spaulding

6 DATE OF BIRTH (month, day, and year) April 4 - 1849.

7 AGE 68 Years Months 10 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Newspapers
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Boston American

9 BIRTHPLACE (city or town) Lowell
(State or country) Mass

PARENTS
10 NAME OF FATHER George Frisk Spaulding
11 BIRTHPLACE OF FATHER (city or town) Hardwick
(State or country) Vermont
12 MAIDEN NAME OF MOTHER Joanna Small
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Alton Bay N.H.

14 Informant Emma G. Spaulding
(Address) 140 Winthrop Mass

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10, 1918

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1918, to Feb. , 19 .
that I last saw him alive on Feb. 10. , 1918.
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage.
(duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No. Date of —
Was there an autopsy? No.
What test confirmed diagnosis? Sphygmomanometer.
(Signed) W. F. Porter, M.D.
Feb. 19 18 (Address) Winthrop, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove West Medford Mass
DATE OF BURIAL 2/14 1918

20 UNDERTAKER C R Benning
ADDRESS Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township or Village or
City Winthrop No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Emma Lent
(a) Residence. No. 69 Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 20 years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-24-1846

7 AGE: Years 71 — Months 6 — Days 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) Freeport (State or country) N. S.

PARENTS
10 NAME OF FATHER John Israel
11 BIRTHPLACE OF FATHER (city or town) Freeport (State or country) N. S.
12 MAIDEN NAME OF MOTHER Mary Crocker
13 BIRTHPLACE OF MOTHER (city or town) Freeport (State or country) N. S.

14 Informant Mrs. Chester Freeman
(Address) 69 Fremont St Winthrop

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, 1918

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1914, to Feb. 11, 1918, that I last saw her alive on Feb. 10, 1918, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Nephritis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Urine exam.

(Signed) M. F. Pope, M.D.
2/12, 1918 (Address) Winthrop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop cemt. DATE OF BURIAL: 2-13 1918

20 UNDERTAKER: M. C. Skaggs ADDRESS: Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. Metcalf Hospital. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Edwin Bell

(a) Residence. No. 15 Dolphin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months 28 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 14 1918

7 AGE: Years — Months — Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED —
(a) Trade, profession, or particular kind of work
(b) General nature of indostry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop. (State or country) Mass

PARENTS
10 NAME OF FATHER Martin
11 BIRTHPLACE OF FATHER (city or town) Bangor (State or country) Maine.
12 MAIDEN NAME OF MOTHER Ruth Smith.
13 BIRTHPLACE OF MOTHER (city or town) N. Quincy (State or country) Mass.

14 Informant Mary R. Bell
(Address) 15 Dolphin Ave Winthrop

15 Filed , 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12, 1918

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1918, to Feb 12, 1918.
that I last saw him alive on Feb 11, 1918.
and that death occurred, on the date stated above, at 4 A.M.
The CAUSE OF DEATH* was as follows:
Premature
Marasmus
(duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) Convulsions
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Prenatal
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? None
(Signed) B. E. Mel Coll, M.D.
, 19 (Address) Winthrop Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St Mary's Quincy — DATE OF BURIAL Feb. 14 1918

20 UNDERTAKER John F. O'Malley — ADDRESS Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemoid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminol abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

[5-'17-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop. BOSTON (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH: Winthrop. (No. 36 Bates Ave. St., Ward)

2 FULL NAME: William H. Flanigan

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE: 36 Bates Ave. Winthrop. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: May 5 (Month) (Day), 1 (Year)

7 AGE: 73 yrs. 9 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of Industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Cohoes N.Y.

PARENTS

10 NAME OF FATHER: Dennis Flanigan

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Esther

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Nellie F. White
(Address): 36 Bates Ave. Winthrop

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 14 1918 (Month) (Day), 191 (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan. 20, 1918, to Feb. 14, 1918, that I last saw him alive on Feb. 14, 1918, and that death occurred, on the date stated above, at 9¼ p.m.

The CAUSE OF DEATH* was as follows:

Aneurism of abdom. aorta

Did a surgical operation precede death? Date

Indefinite (Duration) yrs. mos. ds.

Contributory (SECONDARY) Valvular heart disease

Indef (Duration) yrs. mos. ds.

(Signed) W. F. Porter, M.D.

Feb. 15, 1918 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cohoes N.Y.

DATE OF BURIAL: Feb 5, 1918

20 UNDERTAKER: F. Waterman & Son

ADDRESS: Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

[5-'17-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH (No. 562 Shirley Street St. Ward)

2 FULL NAME Martha C. Porter

[If married or divorced woman or widow give maiden name, also name of husband.] Martha Clark widow of Augustus H. Porter

a RESIDENCE Norfolk Vir.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: Aug 28 1846. (Month) (Day), 1 (Year)

7 AGE: 72 yrs. 5 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Williamsburg Vir.

PARENTS

10 NAME OF FATHER: Thomas T. Clarke

11 BIRTHPLACE OF FATHER (State or country): Williamsburg Vir.

12 MAIDEN NAME OF MOTHER: Jane Walthall.

13 BIRTHPLACE OF MOTHER (State or country): Prine Edward Co. Vir.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. J. Porter

(Address) Winthrop Mass.

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 18 1918 (Month) (Day), 191.... (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb. 11. 1918, to Feb. 18. 1918, that I last saw he alive on Feb. 18 1918, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Grippe)

Did a surgical operation precede death? No. Date

(Duration) ....yrs. ....mos. ....ds.

Contributory (SECONDARY) Arteri-sclerosis

Indef. (Duration) ....yrs. ....mos. ....ds.

(Signed) W. J. Porter, M.D.

Feb. 19, 1918 (Address) Winthrop.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Hollywood Cem. Richmond Vir.

DATE OF BURIAL: 2/22 1918

20 UNDERTAKER: F. J. Wakeman & Son

ADDRESS: Boston

N B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Exact form carefully supplied. AGE should be stated.

Feb. 18, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea (City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 142

Township ..... or Village ..... or

City Chelsea No. Frost Hospital St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edith King

(a) Residence. No. 27 Marshall St., ... Ward. Winthrop

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Archie King

6 DATE OF BIRTH (month, day, and year) ----

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) New York

PARENTS

10 NAME OF FATHER Joseph Kirkey

11 BIRTHPLACE OF FATHER (city or town) Messina (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Husband

(Address) 27 Marshall St. Winthrop

15 Filed Feb. 22, 1918 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21, 1918

17 I HEREBY CERTIFY, That I attended deceased from 14 Feb., 1918, to 21 Feb., 1918.

that I last saw her alive on 21 Feb., 1918.

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Extra-uterine pregnancy (operation)

..... (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Salpingitis, peritonitis

..... (duration) ..... yrs. ..... mos. ? ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) L. R. G. Crandon, M.D.

2/21 1918 (Address) 366 Commonwealth Av., Boston

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Winthrop Cem., N.Y.	Feb. 23, 1918
20 UNDERTAKER R.C. Kirby	**ADDRESS** E. BOSTON

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 10,000.

The Commonwealth of Massachusetts

9012

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 19, Underhill St., Ward)

2 FULL NAME Elijah Brown

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 19 Underhill

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: May 21, 1842 (Month) (Day) (Year)

7 AGE: 75 yrs. 9 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Farmer-Peanuts

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Nova Scotia

PARENTS

10 NAME OF FATHER: Benjamin Brown

11 BIRTHPLACE OF FATHER (State or country): Novascotia

12 MAIDEN NAME OF MOTHER: Ann Durrand

13 BIRTHPLACE OF MOTHER (State or country): Novascotia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Sampson

(Address) 31 Orange St. Chelsea

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 22 (Day), 1918 (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes, Character indeterminate - Presumably cardio-vascular disease

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) (Found dead)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leon Benjamin Magoun, M.D.

Feb. 23 1918 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Evergreen Cemetery Portland Me

DATE OF BURIAL: Feb 25 1918

20 UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of record carefully supplied. ACE

Elizabeth Brown
Feb. 22, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 10-'17. 10,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 106 Washington Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John N. Stone

(a) Residence. No. 106 Washington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 8 years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE 80 Years | Months 4 | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Dry Good Agt
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Stone Mass
(State or country)

PARENTS
10 NAME OF FATHER Silas Stone
11 BIRTHPLACE OF FATHER (city or town) Warren
(State or country) Maine
12 MAIDEN NAME OF MOTHER Phebe Jordan
13 BIRTHPLACE OF MOTHER (city or town) Maine
(State or country)

14 Informant Son J. N. Stone
(Address) Winthrop Mass

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1918

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1918, to Feb 24, 1918, that I last saw him alive on Feb 24, 1918, and that death occurred, on the date stated above, at 8.30 p.m.

The CAUSE OF DEATH* was as follows:
Edema of Lungs
Acute Dilatation of Heart
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Harvey [illegible], M.D.
2/25 1918 (Address) Winthrop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Old Town Maine
DATE OF BURIAL: Feby 26 1918

20 UNDERTAKER: Charles S. Bennion
ADDRESS: Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur John Verdi
(a) Residence. No. 55 Bowdoin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence io city or town where death occurred years months days. How loog in U. S., if of foreigo birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17, 1916

7 AGE: Years | Months: 17 | Days: 9 | If LESS thao 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particolar kind of work
(b) General oature of iodostry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country) Mass

PARENTS
10 NAME OF FATHER Walter
11 BIRTHPLACE OF FATHER (city or town)
(State or country) England
12 MAIDEN NAME OF MOTHER Isabell E Hall
13 BIRTHPLACE OF MOTHER (city or town) Haverhill
(State or country) Mass

14 Informant Isabell E. Hall
(Address) 55 Bowdoin St Winthrop

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25 1918

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1918, to Feb. 25, 1918.
that I last saw h alive on Feb 24, 1918.
and that death occurred, on the date stated above, at 1 A m.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pertussis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Charles L. Mahoney, M.D.
2/26, 19 18 (Address) 356 Winthrop St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Fairview Hyde Park
DATE OF BURIAL: 2/27 1918

20 UNDERTAKER: John F. O'Malley
ADDRESS: Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF **BOSTON**

FULL NAME CHARLES I. JACOBS

Registered No. 2402

Place of Death and Residence: Boston B.C.H.RELIEF STA.

Date of Death FEB.25 1918, Age 56 years 2 months 14 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace LYNN

Name of Father EDWARD S. JACOBS

Birthplace of Father LYNN

Maiden Name of Mother HARRIET WASHBURN

Birthplace of Mother TAMWORTH.N.H.

Occupation SALESMAN

Informant

Place of Burial or removal LYNN(PINE GROVE CEM)

Undertaker J.M.BLAISDELL LYNN

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) INTERNAL INJURIES CAUSED BY A MACHINERY ACCIDENT

Contributory: (Duration)

(Signed) G.B.MAGRATH MED.EX. M.D.

FEB.26 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(135 QUINCY AVE)

Filed MAR.5 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON MASS.

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information
carefully supplied. AGE should be stated EXACTLY

discharged Jan. 1918.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Cambridge (City or town)

1 PLACE OF DEATH

County: Midd. State: Mass. Registered No. 375

Township ..... or Village ..... or

City: Cambridge No. 7 Tuberculosis Hosp. St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter Verdi

(a) Residence. No. 30 Pearl St., Ward. Winthrop

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... years ..... months ..... days. How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Abt	33	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Clerking Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: John

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Geo. W. Verdi

(Address): Winthrop

15 Filed Feb. 28, 1918. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25 1918.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15/17, 1917, to Feb. 25, 1918.

that I last saw h..... alive on same, 1918.

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(duration) — yrs. 8 mos. 0 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) — yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? —

What test confirmed diagnosis? .....

(Signed) Felix Wirz, M.D.

Feb. 25, 1918 (Address) Cambridge

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Fairview Cem. Revere

DATE OF BURIAL: Feb. 28 1918

20 UNDERTAKER: W. F. Carson

ADDRESS: Boston

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 10,000.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of this certificate must be filled in.

[5-'17-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. on Otis & Taft. St. Ward)

2 FULL NAME Henry Adams
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Beacon Chambers, Myrtle St., Boston

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married ~~Widow~~

6 DATE OF BIRTH: Sept. 13 1856 (Month) (Day) (Year)

7 AGE: 61 yrs. 5 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Boston, Mass.

PARENTS

10 NAME OF FATHER: Joshua Webb Adams

11 BIRTHPLACE OF FATHER (State or country): Brunswick, Me.

12 MAIDEN NAME OF MOTHER: Hannah Maria Hall

13 BIRTHPLACE OF MOTHER (State or country): Brunswick, Me.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. Frederick L. Briggs
(Address) Boston, Mass.

16 Filed _____, 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Feb. 26, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Nov 19, 1917, to Feb 25, 1918, that I last saw him alive on Feb 25, 1918, and that death occurred, on the date stated above, at a. m.

The CAUSE OF DEATH* was as follows:
Cirrhosis of the Liver

Did a surgical operation precede death? No Date

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Chronic Alcoholism

(Duration) 25 yrs. ..... mos. ..... ds.

(Signed) Letitia Douglas Adams M.D. M.D.
Feb 26, 1918. (Address) 176 Dartmouth St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Brunswick, Maine

DATE OF BURIAL: ....., 1918

20 UNDERTAKER: Frederick L. Briggs

ADDRESS: 232 Huntington Ave Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be

Feb. 26, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township or Village or
City Winthrop No. 68, Park ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfred T. Nelson

(a) Residence. No. 68 Park ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 81 Months 8 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Piano Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Sweden
(State or country)

PARENTS
10 NAME OF FATHER John Nelson
11 BIRTHPLACE OF FATHER (city or town) Sweden
(State or country)
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Sweden

14 Informant Mrs. Wm. J. Kelly
(Address) 68 Park ave.

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-28 1918

17 I HEREBY CERTIFY, That I attended deceased from July 28 aug 1918, to July 28 aug 1918, that I last saw him alive on July 28, 1918, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage
12 hours
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteio-sclerosis
Severe (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? X

(Signed) Orville E. Johnson M.D.
3/1/1918 (Address) Winthrop Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Fair View Hyde Pk
DATE OF BURIAL 3-2-1918

20 UNDERTAKER W. C. Skaggs
ADDRESS Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME RITA COUGHLIN Registered No. 2617

Place of Death and Residence: Boston ST.MARYS HOSPT.

Date of Death FEB.28 1918, Age years 9 months 1 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	S

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father -----

Birthplace of Father -----

Maiden Name of Mother MARGARET COUGHLIN

Birthplace of Mother BOSTON

Occupation -----

Informant

Place of Burial or removal ST.JOSEPHS CEM.

Undertaker E.L.BEAN

QUINCY

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) MEASLES-8 DYS

BRONCHO-PNEUMONIA - 8 DYS

Contributory: (Duration)

(Signed) R.M.MERRICK M.D

1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP

Filed MAR.8 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. Melcay Hospital Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Still Born) Roberts

(a) Residence. No. 123 Winthrop Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
Still Born

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country) Mass

PARENTS

10 NAME OF FATHER Geo. A. Roberts

11 BIRTHPLACE OF FATHER (city or town) Boston
(State or country) Mass

12 MAIDEN NAME OF MOTHER Mildred M.

13 BIRTHPLACE OF MOTHER (city or town) Dunland
(State or country) Beachmont Mass

14 Informant Philip J. Dunland
(Address) 123 Winthrop Ave

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1st 1918

17 I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
that I last saw him alive on , 19.
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Macerated foetus, had been dead over a week when born.
(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Maceration
(Signed) Frank E. Bateman, M.D.
June 19 (Address) Somerville, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ Winthrop Cemetery
DATE OF BURIAL 3/11 1918

20 UNDERTAKER A R Benson
ADDRESS Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. 156, Pleasant St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Laurence Visall

(a) Residence. No. 156 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 10 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary J. Visall

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 64 | Months 8 | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired 10 yrs.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) Boston
(State or country) Mass.

PARENTS
10 NAME OF FATHER Joseph
11 BIRTHPLACE OF FATHER (city or town) Italy.
(State or country)
12 MAIDEN NAME OF MOTHER Julia Bowe
13 BIRTHPLACE OF MOTHER (city or town) Ireland.
(State or country)

14 Informant Ina Visall
(Address) 156 Pleasant St Winthrop

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) ~~Feb~~ May 2 1918

17 I HEREBY CERTIFY, That I attended deceased from June, 1918, to May 2, 1918.
that I last saw him alive on May 2, 1918.
and that death occurred, on the date stated above, at 10 30 a.m.
The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Edema of Lungs

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? —
What test confirmed diagnosis? —

(Signed) Henry Ufelly, M.D.
5/3, 1918 (Address) 280 Pleasant St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St Mary's Dorchester
DATE OF BURIAL: 3/4 1918

20 UNDERTAKER: John F. O'Maley
ADDRESS: Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH County Suffolk State Mass Registered No.

Township Winthrop or Village Mass or

City No. 116 Grove ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert Fielding Hessenden

(a) Residence. No. 116 Grove ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 25-1857

7 AGE: Years 60 Months 7 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Life Ins

(b) General nature of industry, business, or establishment in which employed (or employer): Agent

(c) Name of employer: Mutual Benefit Life Ins Co

9 BIRTHPLACE (city or town) (State or country): Lowell Mass

PARENTS

10 NAME OF FATHER: Wm B.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mass Sandwich

12 MAIDEN NAME OF MOTHER: Sarah A. Rand.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Rye N. H.

14 Informant: Eleanor. Hessenden

(Address): 168 Huntington ave Boston

15 Filed, 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 3 1918

17 I HEREBY CERTIFY, That I attended deceased from April, 1917, to Mch 3, 1918.

that I last saw him alive on Mch 2, 1918.

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid & Rectum

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Presence of mass of tumors

(Signed) Percy G. Fairbanks, M.D.

3/9, 1918 (Address) 218 Main St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cambridge

DATE OF BURIAL: 3/5 1918

20 UNDERTAKER: C W Brennan

ADDRESS: Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (~~City~~ town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 27, Trydent ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hannah Nye Smith

(a) Residence. No. 27 Trydent Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of widow of Joseph M. Smith

6 DATE OF BIRTH (month, day, and year) Jan 2 - 1830

7 AGE: 88 Years; Months 2; Days 3; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Provincetown
(State or country) Barnstable Mass

PARENTS
10 NAME OF FATHER Jesse Small
11 BIRTHPLACE OF FATHER (city or town) Provincetown
(State or country) Barnstable Co. Mass
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Ella A. Smith
(Address) 27 Trydent Ave Winthrop

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 5 1918

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1918, to March 5, 1918, that I last saw h.e alive on March 4, 1918, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry W. [illegible] M.D.
3/7, 1918 (Address) 20 [illegible]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~: Woodlawn Cemetery Cochituate Mass
DATE OF BURIAL: 3/8 1918

20 UNDERTAKER: C R Brennan
ADDRESS: Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of data carefully supplied. AGE should be stated exactly.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriet Geneva Monahan

(a) Residence. No. 75 Walden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 13 years months days. How long in U. S., if of foreign birth? years months days

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 11, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	11	23	

8 OCCUPATION OF DECEASED
(a) Trade, professioo, or particular kind of work: Student
(b) Geoeral nature of industry, husiness, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop (State or country) Mass

PARENTS
10 NAME OF FATHER Michael
11 BIRTHPLACE OF FATHER (city or town) New York (State or country) New York
12 MAIDEN NAME OF MOTHER Julia Lebare
13 BIRTHPLACE OF MOTHER (city or town) Brandon (State or country) Vt

14 Informant Julia Monahan
(Address) 75 Walden St.

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6th 1918

17 I HEREBY CERTIFY, That I attended deceased from Feb 25th, 1918, to Mar 6th, 1918.
that I last saw her alive on Mar 5th, 1918.
and that death occurred, on the date stated above, at 2 PM m.
The CAUSE OF DEATH* was as follows:
Uremia
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) Septicemia
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Horace J. Sears, M.D.
3/6. 1918 (Address) 186 Winthrop St Winthrop Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holy Cross Malden
DATE OF BURIAL: 3/8 1918

20 UNDERTAKER: John F. O'Maley
ADDRESS: Winth

WRITE PLAINLY, WITH INDELIBLE INK. THIS IS A PERMANENT RECORD.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association].

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

9551 Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 10, Orlando Ave St., Ward)

2 FULL NAME Louise Arnold Henry

[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE 10 Orlando Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Widow

6 DATE OF BIRTH: Mar 3 1865 (Month) (Day) (Year)

7 AGE: 53 yrs. X mos. 6 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): London England

PARENTS

10 NAME OF FATHER: Thomas Arnold

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Eliza Lloyd

13 BIRTHPLACE OF MOTHER (State or country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Florence Swain
(Address) 64 G. Ford St Brockton

15 Filed ....., 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 9 (Month) (Day), 1918 (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:
Natural Causes!
Haemorhage, Spontaneous, of the Brain.
(Sudden death)
(Duration) yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) Leroy Benjamin Magnuth, M.D.
Mar 9, 1918 (Address)
MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL ~~OR REMOVAL~~: Winthrop Cemetery
DATE OF BURIAL: 3/11, 1918

20 UNDERTAKER: C. A. Benson
ADDRESS: Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Exactly from copy carefully supplied. AGE should be given in years.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village — or
City — No. 31 Collage Park Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isadora Herrick England

(a) Residence. No. 31 Collage Pk Rd St., Ward. —
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Wm A. England

6 DATE OF BIRTH (month, day, and year)

7 AGE: 80 Years × Months 9 Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9 BIRTHPLACE (city or town) Hingham
(State or country) Mass

PARENTS
10 NAME OF FATHER George Herrick
11 BIRTHPLACE OF FATHER (city or town) E. Boston
(State or country) Mass
12 MAIDEN NAME OF MOTHER Mary Ann Bower
13 BIRTHPLACE OF MOTHER (city or town) Boston
(State or country) Mass

14 Informant Wm A. England
(Address) 31 Collage Park Rd.

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 10 1918

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1917, to Mar. 10, 1918, that I last saw her alive on March 9, 1918, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Edema.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Breast ~~and~~ Diabetes
Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? General Examination

(Signed) Frank H. Gillan, M.D.
3/11, 1918 (Address) 18 Princeton St. East Boston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ Woodlawn Everett Mass
DATE OF BURIAL 3/13 1918

20 UNDERTAKER C. R. Bennison
ADDRESS Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

9567 Winthrop (City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 22 Washington Ave St. ..... Ward)

2 FULL NAME Sarah C. Smith

[If married or divorced woman or widow give maiden name, also name of husband.]

4a RESIDENCE 22 Washington Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: 8 (Month) 26 (Day) 1820 (Year)

7 AGE: 97 yrs. 6 mos. 16 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Sandwich N.H.

PARENTS

10 NAME OF FATHER: Collins

11 BIRTHPLACE OF FATHER (State or country): Sandwich N.H.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Sandwich N.H.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. F. Fuller

(Address) 22 Washington Ave.

15 Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 12 (Day), 191.. (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes

Cardio vascular disease incidental to advanced age

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Bronchial attack

Pneumonia (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Lizzie Burgess Magoun, M.D.

March 15, 191.. (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Littleton Mass

DATE OF BURIAL: 3-15, 1918

20 UNDERTAKER: W.C. Skaggs

ADDRESS: Winthrop Mass

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME MARY O'SHAUGHNESSY

Registered No. 3121

Place of Death and Residence: Boston ST ELIZ.HOSPT.

Date of Death MAR.15 1918, Age 63 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	W

Maiden Name WALSH

Husband's Name PATRICK O'SHAUGHNESSY

Birthplace IRELAND

Name of Father JEREMIAH WALSH

Birthplace of Father IRELAND

Maiden Name of Mother MARY O BRIEN

Birthplace of Mother IRELAND

Occupation NONE

Informant

Place of Burial or removal CALVARY CEM.

Undertaker P.J.BRADY

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) CARDIO-RENAL - ARTERIO-SCLEROSIS - YRS

Contributory: (Duration)

(Signed) A. F. BUDRESKI M.D.

MAR.15 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(253 SHIRLEY ST)

Filed MAR.19 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea (City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 228

Township ..... or Village ..... or

City Chelsea No. ....., Lafayette Hospital St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ----Harvey

(a) Residence. No. 265 Main St., ... Ward. Winthrop

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	---

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6 DATE OF BIRTH (month, day, and year) Feb. 24, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	--	--	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ------

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) Chelsea (State or country) Mass.

PARENTS

10 NAME OF FATHER -----

11 BIRTHPLACE OF FATHER (city or town) ---- (State or country)

12 MAIDEN NAME OF MOTHER Verna Harvey

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Nova Scotia

14 Informant ----- (Address) ----

15 Filed Mar. 23 19 18 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 18 1918

17 I HEREBY CERTIFY, That I attended deceased from February 24, 1918, to Mar. 18, 1918, that I last saw her alive on Mar. 18, 1918, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Premature.

Marasmus

..... (duration) -- yrs. -- mos. 22 ds.

CONTRIBUTORY (SECONDARY) ----- (duration) -- yrs. -- mos. -- ds.

18 Where was disease contracted if not at place of death? ------

Did an operation precede death? No Date of --

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Arville E. Johnson, M.D.

--, 19 18 (Address) 223 Winthrop St., Winthrop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Garden Cemetery	Mar. 23 19 18
20 UNDERTAKER	**ADDRESS**
C. H. Faunce	Chelsea

(Approved by U. S. Census and American Public Health Association.)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 10,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

9089 Winthrop (City or town)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 25, Villa Ave. St., Ward)

[2] FULL NAME Louise Marie Thomas
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 25 Villa Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH: Sept 13 1873 (Month) (Day) (Year)

[7] AGE: 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

[9] BIRTHPLACE (State or country): London – England –

PARENTS

[10] NAME OF FATHER: Henry C. Pelham

[11] BIRTHPLACE OF FATHER (State or country): England

[12] MAIDEN NAME OF MOTHER: Marie Louise Adkins

[13] BIRTHPLACE OF MOTHER (State or country): London Eng

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry M. Thomas
(Address) 25 Villa Ave

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: March 20, 1918 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:
Poisoning by carbon monoxide presumably incidental to syncope caused by chronic endocarditis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) Jerge Burgess Magrath, M.D.
Mar 21, 1918 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Mt Auburn Cambridge

DATE OF BURIAL: 3/22, 1918

[20] UNDERTAKER: C R Brennan

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop BOSTON (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

Township Winthrop. or Village or

City BOSTON No. 8 Edgehill Road. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary M. Cook.

(a) Residence. No. 8 Edgehill Road. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 years months days. How long in U. S., if of foreign birth? 57 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Cook.

6 DATE OF BIRTH (month, day, and year) Mar 13 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Turkey (State or country)

PARENTS

10 NAME OF FATHER Joseph Cochrane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Gowanda N.Y.

12 MAIDEN NAME OF MOTHER Deborah Plumb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fredonia N.Y.

14 Informant W. W. Cook.

(Address) 8 Edgehill Road.

15 Filed ....., 19 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1918.

17 I HEREBY CERTIFY, That I attended deceased from March 10., 1918, to Mar. 21st, 1918.

that I last saw her alive on Mar. 21., 1918.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (SECONDARY) Grippe

(duration) ....yrs. ....mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No. FOR WHAT?

What test confirmed diagnosis? Clinical

(Signed) W. L. Porter, M.D.

3/22, 1918 (Address) Winthrop, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL The Great Hills The Auburn

DATE OF BURIAL 3/24 1918

20 UNDERTAKER J. S. Waterman & Sons.

ADDRESS Boston

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township or Village or
City Winthrop No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. Broadhurst

(a) Residence. No. 19 Cherry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Unknown years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Widow of James Broadhurst

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	1	9	

8 OCCUPATION OF DECEASED
(a) Trade, professioo, or particular kind of work At home
(b) Geoeral oature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) Trinidad W. I.
(State or country)

PARENTS
10 NAME OF FATHER James Tracy
11 BIRTHPLACE OF FATHER ~~(city or town)~~ Wales
(State or country) Wales
12 MAIDEN NAME OF MOTHER Caulfield
13 BIRTHPLACE OF MOTHER (city or town) Amouth
(State or country) Ireland

14 Informant Sarah E. Stone
(Address) 19 Cherry St Winthrop

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21" 1918.

17 I HEREBY CERTIFY, That I attended deceased from Mch 19" , 1918 , to Mch 21" , 1918 .
that I last saw her alive on Mch 20" , 1918 .
and that death occurred, on the date stated above, at 5 a. m.
The CAUSE OF DEATH* was as follows:
Valvular Heart Disease

Not known (duration) — yrs. — mos. ds.
CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) John L. Fisher , M.D.
3/21, 1918 (Address) Ft. Banks, Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Halifax N. S.
DATE OF BURIAL 3-26 1918
20 UNDERTAKER W. C. Skaggs
ADDRESS Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME LEWIS MANSELL

Registered No. 3415

Place of Death and Residence: Boston MASS.HOMEO.HOSPT.

Date of Death MAR.22 1918, Age 70 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	WID

Maiden Name

Husband's Name

Birthplace ENGLAND

Name of Father -----MANSELL

Birthplace of Father -----

Maiden Name of Mother -----

Birthplace of Mother -----

Occupation CARETAKER(ESTATE)

Informant

Place of Burial or removal WINTHROP

Undertaker J.F.OMALEY

WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) BRONCHO-PNEUMONIA

CHRONIC MYOCARDITIS

Contributory: (Duration)

(Signed) DAVID I.FRANKEL M.D.

MAR.23 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(53 SUMMIT AVE)

Filed MAR.27 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630 BOSTON, MASS.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH County Suffolk State Mass. Registered No.

Township or Village or

City Winthrop No. 90, Freemont St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Freelove F. Wilkins

(a) Residence. No. 90 Freemont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 years months days. How long in U. S., if of foreign birth? years months days

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederic Wilkins

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 87 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hardwick Vt.

PARENTS

10 NAME OF FATHER: Fuller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Vt

12 MAIDEN NAME OF MOTHER: Electa Fuller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Vt

14 Informant: Lillia Wilkins

(Address) 90 Freemont St.

15 Filed ....., 19 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 26 1918

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1917, to March 26, 1918, that I last saw her alive on March 23, 1918, and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Orville E. Johnson, M.D.

3/27, 1918 (Address) 123 Highland St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Cemet.

DATE OF BURIAL: 3-28 1918

20 UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township or Village or
City Winthrop No. 235 Washington Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thompson - S. B.

(a) Residence. No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3-26-18

7 AGE: Years —; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country) Suffolk. Mass

PARENTS
10 NAME OF FATHER Henry W. Thompson
11 BIRTHPLACE OF FATHER (city or town) Cambridge
(State or country) Mass
12 MAIDEN NAME OF MOTHER Small
13 BIRTHPLACE OF MOTHER (city or town) Lynn
(State or country) Mass

14 Informant Che. Small
(Address) 235 Washington Ave.

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-26- 1918.

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1918, to March 27, 1918.
that I last saw h. alive on , 19.
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Cremation Shock
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Charles Mahoney, M.D.
3/31, 19 18 (Address) 356 Winthrop St.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Cemet.
DATE OF BURIAL: 4-2- 1918

20 UNDERTAKER: W. S. Skaggs
ADDRESS: Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 30 Villa ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bertha Swett Baltzell

(a) Residence. No. 30 Villa Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	White	married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Winton J. Baltzell

6 DATE OF BIRTH (month, day, and year) May 25 - 1876

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer —

9 BIRTHPLACE (city or town) Holden
(State or country) Kansas

PARENTS
10 NAME OF FATHER Wm H. Swett
11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)
12 MAIDEN NAME OF MOTHER Rose Williams
13 BIRTHPLACE OF MOTHER (city or town) Harlem
(State or country) Ohio

14 Informant Winton J. Baltzell
(Address) 30 Villa Ave

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1918

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1918, to March 27, 1918, that I last saw her alive on March 27, 1918, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:
Hemiplegia, from Cerebral hemorrhage
(duration) — yrs. — mos. 4 1/2 hours ds.

CONTRIBUTORY (SECONDARY) disease Cardio-vascular (duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Orville E Johnson, M.D.
3/29 19 18 (Address) Winthrop Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Charles Evans Cemetery Reading Pa	April 2nd 1918
20 UNDERTAKER	**ADDRESS**
C R Benson	Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 42 Franklin St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert. Hendricks. Fowler

(a) Residence. No. 42 Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 1 years X months 28 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	X	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Jacamiah Plain (State or country) Boston

PARENTS
10 NAME OF FATHER Robert. S. Fowler
11 BIRTHPLACE OF FATHER (city or town) Boston (State or country) Mass
12 MAIDEN NAME OF MOTHER Louisa B. Hendricks
13 BIRTHPLACE OF MOTHER (city or town) Boston (State or country) Mass

14 Informant Father
(Address) ~~42~~ Franklin St Winthrop

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1918.

17 I HEREBY CERTIFY, That I attended deceased from —, 19, to —, 19.
that I last saw h— alive on —, 19.
and that death occurred, on the date stated above, at 6 a. m.
The CAUSE OF DEATH* was as follows:

From natural causes,

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? Date of
Was there an autopsy? no but med. exe. by
What test confirmed diagnosis? Med. Examiner.
(Signed) Milton J. Power, M.D.
3/2, 1918 (Address) Winthrop Ch. Board of Health

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Hope Cemetery — DATE OF BURIAL 4/3 1918

20 UNDERTAKER B. R. Bennett — ADDRESS Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

[5-'17-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 19 Neptune Ave St.; ..... Ward)

2 FULL NAME Thomas F. Lyons
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 19 Neptune Ave Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mal

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single ~~Widowed~~

6 DATE OF BIRTH Unknown (Month) ..... (Day) 1 (Year)

7 AGE 68 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Retired. Civil War Veteran
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Ireland

PARENTS

10 NAME OF FATHER Luke Lyons

11 BIRTHPLACE OF FATHER (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Lyons

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. J. Lynch
(Address) 19 Neptune Ave

15 Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 1 (Day), 1918 (Year)

17 I HEREBY CERTIFY that I attended deceased from Feby 27, 1918, to April 1, 1918, that I last saw him alive on Feby 27, 1918 and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

Did a surgical operation precede death? No Date

Several (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Senility

Several (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Orville E. Johnson M.D

April 3, 1918 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Calvary — DATE OF BURIAL April 4, 1918

20 UNDERTAKER J. P. Ulmay & Son — ADDRESS Bost

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop. ~~BOSTON~~ (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
Township Winthrop or Village or
City ~~BOSTON~~ No. 35 Lincoln Street St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hattie E. Allen
(a) Residence. No. 35 Lincoln Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 6 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Claude D. Allen

6 DATE OF BIRTH (month, day, and year) Oct 29 1872.

7 AGE: Years 45 | Months 5 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, professinn, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Lansing N.Y.
(State or country)

PARENTS
10 NAME OF FATHER John W. Collins.
11 BIRTHPLACE OF FATHER (city or town) Lansing N.Y.
(State or country)
12 MAIDEN NAME OF MOTHER Julia Turpenin
13 BIRTHPLACE OF MOTHER (city or town) Lansing N.Y.
(State or country)

14 Informant Claude D Allen
(Address) 35 Lincoln St Win

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1918 19

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1918, to Apr. 9. 1918.
that I last saw her alive on Apr. 8. 1918.
and that death occurred, on the date stated above, at 11 a. m.
The CAUSE OF DEATH* was as follows:

Carcinoma (of neck and ventricle carcinomata)
(duration) 3 yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) Acute Nephritis
(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no. Date of —
Was there an autopsy? no. FOR WHAT?
What test confirmed diagnosis? Clinical
(Signed) M. L. Porter, M.D.
9, 1918 (Address) Winthrop, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Groton N.Y.
DATE OF BURIAL: 4/12 19 18

20 UNDERTAKER: Patterson & Bass
ADDRESS: Boston

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop BOSTON (City or town)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

Township Winthrop or Village or

City BOSTON No. Cliff House. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Seignious.

(a) Residence. No. Cliff House. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William

6 DATE OF BIRTH (month, day, and year) Dec 22 1853.

7 AGE: Years 64 | Months 3 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charleston S.C. (State or country)

PARENTS

10 NAME OF FATHER Alexander F. Black.

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Marston

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant William Seignious

(Address) Cliff House. Winthrop

15 Filed , 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 8. 1918.

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1918, to Apr. 7, 1918, that I last saw her alive on Apr. 7, 1918, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 35 ds.

CONTRIBUTORY (SECONDARY) Organic Heart Disease

Indefi (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? no Date of —

FOR WHAT? no.

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W. L. Porter, M.D.

4/8 1918 (Address) Winthrop, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hills

DATE OF BURIAL: 4/10 1918

20 UNDERTAKER: J. L. Waterman & Sons

ADDRESS: Boston

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

[5-17-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 24 Neptune Ave. ~~Ward~~)

2 FULL NAME Frank Rea

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE 24 Neptune Ave Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE: 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Boston Mass

PARENTS

10 NAME OF FATHER: Edward

11 BIRTHPLACE OF FATHER (State or country): Portland Maine

12 MAIDEN NAME OF MOTHER: Olive Libby

13 BIRTHPLACE OF MOTHER (State or country): New Hampshire

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah Rea
(Address) 24 Neptune Ave

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. (Month) 9. (Day), 1918. (Year)

17 I HEREBY CERTIFY that I attended deceased from Mar. 15, 1918, to Apr. 9, 1918, that I last saw he alive on Apr. 7, 1918, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Did a surgical operation precede death? no. Date —

Indef. (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Arteria-sclerosis

Indef. (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Porter, M.D.

Apr 9, 1918 (Address) Winthrop.

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Holy cross Malden

DATE OF BURIAL: April 11, 1918

20 UNDERTAKER: Keating & Mitchell

ADDRESS: Charlestown Mass

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township or Village or
City Winthrop No. 14 Linden St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Watson
(a) Residence. No. 14 Linden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 66 years 4 months 23 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jessie H. Watson

6 DATE OF BIRTH (month, day, and year) 1851-11-16

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Marine Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) New Castle
(State or country) Eng.

PARENTS
10 NAME OF FATHER Thomas Watson
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Eng.
12 MAIDEN NAME OF MOTHER Jeannie Muir
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Scotland

14 Informant William C. Watson
(Address) 14 Linden St.

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9, 1918

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1915, to April 9, 1918.
that I last saw him alive on April 9, 1918.
and that death occurred, on the date stated above, at 1 P m.
The CAUSE OF DEATH* was as follows:
Arteriosclerosis
Endocarditis of aortic + mitral valves
Hypertrophy + dilatation of heart
unknown (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Passive congestion general
unknown (duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Horace J. Souls, M.D.
Ap. 9, 1918 (Address) 180 Winthrop St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Winthrop Cemt	4-11 1918
20 UNDERTAKER	**ADDRESS**
W. C. Skaggs	Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of Contributory. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City — No. 15 Elliot St Winthrop St., Mass Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Aurilla Beane Daggett

(a) Residence. No. Bourne Mass St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred X years 7 months X days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Widow of Moses W. Daggett

6 DATE OF BIRTH (month, day, and year) Feb 4th 1845

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	2	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town) Boston
(State or country) Mass

PARENTS
10 NAME OF FATHER Samuel W. Mallows
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Chatham Mass
12 MAIDEN NAME OF MOTHER Aurilla Beane
13 BIRTHPLACE OF MOTHER (city or town) Chatham
(State or country) Mass

14 Informant H. F. T. Klagge
(Address) Elliot St Winthrop

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1918

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1918, to April 9, 1918.
that I last saw her alive on April 9, 1918.
and that death occurred, on the date stated above, at 9 A.M.
The CAUSE OF DEATH* was as follows:
1 Bronchopneumonia
(duration) ..... yrs. ..... mos. 11 ds.
CONTRIBUTORY (SECONDARY) Acute bronchitis
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) E. Colman Brown, M.D.
4/11 19 18 (Address) 27 Central Sq. E. Boston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Bourne Mass Cape Cod
DATE OF BURIAL 4/12 1918

20 UNDERTAKER E R Bennison
ADDRESS Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. Triton ave & Lundini Ave Point Shirley St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert. Andrew. Wharton

(a) Residence. No. Triton & Lundini ave St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years 8 months 3 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 10 - 1917

7 AGE Years | Months 8 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country) Mass

PARENTS
10 NAME OF FATHER Elmer. W. Wharton
11 BIRTHPLACE OF FATHER (city or town) East Boston
(State or country) Mass
12 MAIDEN NAME OF MOTHER Laura. M. Morrow
13 BIRTHPLACE OF MOTHER (city or town) Charlestown
(State or country) Mass

14 Informant Elmer. W. Wharton
(Address)

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 13. 1918

17 I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1918, to Apr. 13, 1918, that I last saw he alive on Apr. 13, 19 .
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Accidental Burn
Scalded by hot water
Extensive 2nd and 3rd degree
burns (duration) yrs. mos. 3 ds.

CONTRIBUTORY —
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no. Date of —
Was there an autopsy? no.
What test confirmed diagnosis? Clinical
(Signed) W. F. Poole, M.D.
Apr. 19 18 (Address) Winthrop, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Everett Mass
DATE OF BURIAL 4/15 1918

20 UNDERTAKER Chas. R. Bennison
ADDRESS Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INK. DO NOT FOLD. THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

County Post Hospital

Township or Village or City Fort Banks Mass. Winthrop, Mass.

(No. ; St.; Ward)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Massachusetts

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Roy Rich

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: February (Month) 2 (Day), 1895 (Year)

7 AGE: 23 yrs. 2 mos. 11 ds.

If LESS than 1 day, ---- hrs. or ---- min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Army

9 BIRTHPLACE (State or country): Robinson, Illinois.

PARENTS

10 NAME OF FATHER: E Chas. E. Rich

11 BIRTHPLACE OF FATHER (State or country): Croford Co Ill

12 MAIDEN NAME OF MOTHER: Julia Ford

13 BIRTHPLACE OF MOTHER (State or country): Croford Co Ill

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Loy Rich

(Address) Robinson Croford Co Ill

15

Filed ....., 191....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 13 (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 1st, 1918, to April 13, 1918, that I last saw him alive on April 13, 1918, and that death occurred, on the date stated above, at 8.40 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar and Jaundice.

(Duration) — yrs. — mos. 13 ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Goodwin, M. D.

April 13, 1918 (Address) Ft. Banks Mass.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. 13 ds. in the State — yrs. — mos. 13 ds.

Where was disease contracted, if not at place of death? While Traveling

Former or usual residence Robinson Illinois

19 PLACE OF BURIAL OR REMOVAL: Rich Cemetery Robinson Ill

DATE OF BURIAL: 4/18, 1918

20 UNDERTAKER: C K Bennison

ADDRESS: Winthrop Mass

11—3184

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. 24 Beal St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Theresa Burke
(a) Residence. No. 24 Beal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 5 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widow of Edward L Burke

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 52 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) New York N.Y.
(State or country)

PARENTS
10 NAME OF FATHER Daniel Hegley
11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)
12 MAIDEN NAME OF MOTHER Winnifred Hannon
13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant N J Barter
(Address) 24 Beal St

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14, 1918

17 I HEREBY CERTIFY, That I attended deceased from Oct , 19 , to , 19 .
that I last saw her alive on , 19 .
and that death occurred, on the date stated above, at 3 m.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
(duration) yrs. mos. ds.
CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Charles F. Mahoney, M.D.
April 15, 1918 (Address) 332 Winthrop St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary
DATE OF BURIAL: April 17 1918
20 UNDERTAKER: John A. O'Maley
ADDRESS: Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
Township Winthrop. or Village or
City ~~BOSTON~~ No. 63, Birch Road. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert P. Johnson
(a) Residence. No. 63 Birch Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 1 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Johnson.

6 DATE OF BIRTH (month, day, and year) May 22 1888

7 AGE: Years 29 | Months 10 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) Boston Mass
(State or country)

PARENTS
10 NAME OF FATHER William Johnson
11 BIRTHPLACE OF FATHER (city or town) England.
(State or country)
12 MAIDEN NAME OF MOTHER Della Matthews.
13 BIRTHPLACE OF MOTHER (city or town) Boston Mass.
(State or country)

14 Informant Marion Johnson
(Address) 63 Birch Rd.

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 15. 1918.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16. 1918, to Apr. 15 1918, that I last saw h~~ed~~ alive on Apr. 15. 1918. and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Organic Heart Disease
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (?)
Did an operation precede death? no. Date of
Was there an autopsy? no. FOR WHAT?
What test confirmed diagnosis? Clinical & microsc.
(Signed) W. L. Powers, M.D.
Apr. 19 18 (Address) Winthrop

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hills
DATE OF BURIAL: April 17 1918

20 UNDERTAKER: F. G. Waterman & Sons
ADDRESS: Boston

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Cambridge (City or town)

1 PLACE OF DEATH
County: Mid. State: Mass. Registered No. 701
Township ..... or Village ..... or
City: Cambridge No. Holy Ghost Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. Kerwin
(a) Residence. No. 53 Trident Ave St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): (Retired)
(c) Name of employer

9 BIRTHPLACE (city or town) Pr. Edwd. Isld.
(State or country)

PARENTS
10 NAME OF FATHER John
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Margaret Dono-
13 BIRTHPLACE OF MOTHER (city or town) van
(State or country) Ireland

14 Informant
(Address)

15 Filed 7/23, 1918 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/15 1918

17 I HEREBY CERTIFY, That I attended deceased from 4/1, 1918, to 4/15, 1918.
that I last saw h..... alive on ....., 19....
and that death occurred, on the date stated above, at 11 P. m.
The CAUSE OF DEATH* was as follows:
Diabetes Mellitus
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY
(SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Daniel McKillop, M.D.
, 19 (Address) 4/15/18 Camb.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Beverly, Mass	4/16 1918
20 UNDERTAKER	**ADDRESS**
Jas. F. Mullen	Camb.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 10,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Somerville (City or town)

1 PLACE OF DEATH

County Middlesex State Massachusetts Registered No. 384

Township ..... or Village ..... or

City Somerville No. ....., Somerville Contagious Hospital St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elmore Robertson

(a) Residence. No. 36 Marshall St., ... Ward. Winthrop, Mass.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... years ..... months ..... days. How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) April 2, 1895

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	--	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Lockport, N. S.

PARENTS

10 NAME OF FATHER Charles Robertson

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) P. E. I.

12 MAIDEN NAME OF MOTHER Elmore Decker

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Black Point, N. S.

14 Informant Stanley Robertson,
(Address) 43 Gledhill Ave., Winthrop, Mass.

15 Filed Apr. 16, 1918 Frederic N. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1918

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1918, to Apr. 15, 1918

that I last saw her alive on Apr. 14, 1918

and that death occurred, on the date stated above, at 4.45 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

4/15, 1918 (Signed) C. Clarke Towle, M.D.
(Address) 24 Prospect Hill Ave., Som.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Lockport, N. S.	Apr. 16 1918
20 UNDERTAKER D. Fudge & Son,	**ADDRESS** Somerville Mass.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 10,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County: Suffolk State: Mass Registered No.
Township: Winthrop or Village: or
City: No. New Winthrop Hotel Sturges St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Roxana Chapman

(a) Residence. No. north Springfield Vt. Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) ~~WIFE of~~ Wife of Melvin Chapman

6 DATE OF BIRTH (month, day, and year) Sept 1 1839

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	7	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Cavandish
(State or country) Vermont

PARENTS
10 NAME OF FATHER Elijah Bemis
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Vermont
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) " "

14 Informant: Son Melvin Chapman Jr.
(Address) Sturges St Winthrop Mass

15 Filed ....., 1918
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1918

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1918, to April 17, 1918, that I last saw h[illegible] alive on April 16, 1918, and that death occurred, on the date stated above, at A m.

The CAUSE OF DEATH* was as follows:
Cerebral haemorrhage
(duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) ....yrs. ....mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Charles J. Mahoney, M.D.
April, 1918 (Address) 8 [illegible] St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~: No. Springfield Vt — DATE OF BURIAL: 4/19 1918

20 UNDERTAKER: C R Freeman — ADDRESS: Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 11, Almont St. Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Benjamin Lincoln Mathewson

(a) Residence. No. 11 Almont St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred years 5 months — days. 21 How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 29 - 1917

7 AGE Years ~~8~~ Months X8 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country) Mass

PARENTS
10 NAME OF FATHER James. E.
11 BIRTHPLACE OF FATHER (city or town) Fall River
(State or country) Massachusetts
12 MAIDEN NAME OF MOTHER Carrie E. Milliken
13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant James. E. Mathewson
(Address) # 11 Almont St.

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 18 1918

17 I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1918, to Apr. 18, 1918.
that I last saw him alive on Apr. 18, 1918.
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Acute Nephritis
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Measles - Bronchio - pneumonia
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Edward J. Foanigen, M.D.
4/19, 1918 (Address) 49 Bartlett Road

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop County — DATE OF BURIAL 4/20 1918

20 UNDERTAKER C. W. Berrum — ADDRESS Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Post Hospital

Township Fort Banks Mass.

or

Village

or

City (No. , St.; Ward)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Massachusetts

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Loyd Franklin Williams

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: October (Month) 4 (Day), 1899 (Year)

7 AGE: 18 yrs. 6 mos. 14 ds.

If LESS than 1 day, ---- hrs. or ---- min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of Industry, business, or establishment in which employed (or employer): U. S. Army

9 BIRTHPLACE (State or country): Sebastian Co Ark.

PARENTS

10 NAME OF FATHER: Samuel Williams

11 BIRTHPLACE OF FATHER (State or country): unknown

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (State or country): " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. B. Hodskins

(Address) Fort Banks Winthrop

15

Filed , 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 18 (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1918, to April 18, 1918, that I last saw him alive on April 18, 1918, and that death occurred, on the date stated above, at 8.35 P.M.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

(Duration) — yrs. — mos. 11 ds.

~~Contributory~~ (SECONDARY)

(Duration) — yrs. — mos. — ds.

(Signed) Edward B Hodskins, M. D.

April 19, 1918 (Address) Post Banks. Mass

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ---- yrs. ---- mos. ---- ds. in the State ---- yrs. ---- mos. ---- ds.

Where was disease contracted, if not at place of death?

Former or usual residence Greenwood, Arkansas.

19 PLACE OF BURIAL OR REMOVAL: Greenwood Arkansas

DATE OF BURIAL: 4/24, 1918

20 UNDERTAKER: E R Bennison

ADDRESS: Winthrop

11—3184

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

769

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop Mass.
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Metcalfs Hotel (No. Winthrop St St.; Ward)

2 FULL NAME Clemente Viscofo
[If married or divorced woman or widow give maiden name, also name of husband.] (widow) Vesce Husband of Viscofo

a RESIDENCE 46 Breed Street Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: Mar 4, 1844 (Month) (Day) (Year)

7 AGE: 74 yrs. 1 mos. 16 ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House
(b) General nature of Industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Taurasi Italy

PARENTS

10 NAME OF FATHER: Joseph Vesce

11 BIRTHPLACE OF FATHER (State or country): Taurasi Italy

12 MAIDEN NAME OF MOTHER: Annie Viscofo

13 BIRTHPLACE OF MOTHER (State or country): Taurasi Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Vesce
(Address) 46 Breed Street

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 20, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from April 11, 1918, to April 20, 1918, that I last saw her alive on April 20, 1918, and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:
Gangrene of right leg (septic)

(Duration) 1 yrs. x mos. x ds.

Contributory (SECONDARY) Diabetes Mellitus

(Duration) 12 yrs. mos. ds.

(Signed) Lucy A. Grasso, M.D.
April 20, 1918 (Address) 54 Revere St

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 46 Breed St Winthrop

19 PLACE OF BURIAL OR REMOVAL: Holy Cross
DATE OF BURIAL: April 23 1918

20 UNDERTAKER: E. G. Tobin
ADDRESS: 466 Mass. Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Harris, James H Registered No.

Place of Death* Fort Banks, Winthrop, Mass Date of Death April 20 1918

Residence Swampscott Mass Age about years 45 months — days

STATISTICAL DETAILS

SEX M COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown

MAIDEN NAME †

HUSBAND'S NAME † —

BIRTHPLACE ‡ Unknown

NAME OF FATHER "

BIRTHPLACE OF FATHER ‡ "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER ‡ "

OCCUPATION Private in 3rd Batt USA

INFORMANT § C R Penner

PLACE OF BURIAL OR REMOVAL ‖ Swampscott Hill DATE OF BURIAL 4/21 190

UNDERTAKER C R Penner ADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 26 1918 to Apr 20 1918, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: nephritis, interstitial; arteriosclerosis

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) W. J. Wansboro 1st Lt MRC M.D.

Apr 21 1918 (Address) Fort Banks, Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years 1 months 25 days

Where was disease contracted, if not at place of death? Unknown

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Suffolk State Mass. Registered No.

Township or Village or

City Winthrop No. 16 Vine Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Beatty

(a) Residence. No. 16 Vine Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Beatty

6 DATE OF BIRTH (month, day, and year) 12-14-'43

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	74	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Jamestown Pa. (State or country)

PARENTS

10 NAME OF FATHER Andrew I. Smith

11 BIRTHPLACE OF FATHER (city or town) Meadville Pa. (State or country)

12 MAIDEN NAME OF MOTHER Hastings

13 BIRTHPLACE OF MOTHER (city or town) Clairmount (State or country) Mass.

14 Informant Mrs. Sam Rich,

(Address) 14 Chester Ave.

15 Filed, 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-21-'18. 19

17 **I HEREBY CERTIFY,** That I attended deceased from April 17, 1918, to Apr. 21st, 1918, that I last saw her alive on Apr. 21st, 1918, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Grippe Pneumonia (Broncho)

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteria-sclerosis

Indef (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) W. L. Porter, M.D.

Apr. 19 18 (Address) Winthrop.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Stoneham Cemetery	4-24-19
20 UNDERTAKER	**ADDRESS**
T. C. Skaggs	Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of Contributory. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME ALFRED GORHAM

Registered No. 5795

Place of Death and Residence: Boston MASS.GEN.HOSPT.

Date of Death APRIL 22 1918, Age 64 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	UNK

Maiden Name

Husband's Name

Birthplace -----

Name of Father -----GORHAM

Birthplace of Father ----

Maiden Name of Mother -----

Birthplace of Mother -----

Occupation PAINTER

Informant

Place of Burial or removal MT.HOPE

Undertaker K.T.GOOD

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) CARCINOMA OF LARYNX - 1 YR.

Contributory: (Duration)

(Signed) H.W.HERSEY M.D.

MAY 20 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.19 DAYS

Usual Residence WINTHROP(44 BUCHANAN ST)

Filed MAY 29 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Dec 22 1918.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Middlesex State Mass. Registered No.
Township Reading or Village or
City No. Mt Vernon St Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ralph W. Rich

(a) Residence. No. 144 Court St Winthrop Mass. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Reading
(State or country) Mass.

PARENTS
10 NAME OF FATHER Floyd E. Rich
11 BIRTHPLACE OF FATHER (city or town) Provincetown
(State or country) Mass
12 MAIDEN NAME OF MOTHER Laura W. Hyde
13 BIRTHPLACE OF MOTHER (city or town) Reading
(State or country) Mass.

14 Informant Floyd E. Rich
(Address) Winthrop Mass

15 Filed May 4, 1918 Millard F. Charles
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 24 — 1918

17 I HEREBY CERTIFY, That I attended deceased from Apr 15, 1918, to Apr 24d, 1918.
that I last saw him alive on Apr 23d, 1918.
and that death occurred, on the date stated above, at 6 a m.
The CAUSE OF DEATH* was as follows:
Convulsions
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Meningitis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Convulsions
(Signed) Ernest D. Richmond, M.D.
4/24 1918 (Address) Reading Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Laurel Hill Cem Reading Mass.
DATE OF BURIAL Apr 25 1918

20 UNDERTAKER Frank L. Edgerley
ADDRESS Reading

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of Contributory. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 20,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME BLANCHE NICKERSON Registered No. 4708

Place of Death and Residence: Boston MASS.HOMEO.HOSPT.

Date of Death APR.25 1918, Age 5 years 10 months 8 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	S

Maiden Name

Husband's Name

Birthplace WINTHROP

Name of Father ARTHUR S.NICKERSON

Birthplace of Father SO.HARWICH

Maiden Name of Mother JEANNIE MC CRENDLE

Birthplace of Mother LIVERPOOL.ENG.

Occupation -----

Informant

Place of Burial or removal WINTHROP.WINTHROP CEM.

Undertaker C.R.BENNISON WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) SEPTIC DIPHTHERIA - 7 DAYS

Contributory: (Duration) ACUTE TOXAEMIA

(Signed) S.A.CLEMENT M.D.

APR.25 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.4 DAYS

Usual Residence WINTHROP(41 BELCHER ST)

Filed APR.30 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

The Commonwealth of Massachusetts

Winthrop. ~~BOSTON~~ (City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

Township Winthrop or Village or

City ~~BOSTON~~ No. 43 Lewis Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella J. Thomas.

(a) Residence. No. 43 Lewis Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence io city or town where death occurred 10 years months days. How loog in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Thomas.

6 DATE OF BIRTH (month, day, and year) May 1 1854.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, professinn, or particular kind of work none

(b) General nature of industry, business, or establisbmeot in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Hopkinton N.H. (State or country)

PARENTS

10 NAME OF FATHER Oliver N. French.

11 BIRTHPLACE OF FATHER (city or town) Henniker N.H. (State or country)

12 MAIDEN NAME OF MOTHER Julia A. Perry

13 BIRTHPLACE OF MOTHER (city or town) New Bedford Mass (State or country)

14 Informant H.O. Thomas.

(Address) 43 Lewis Ave.

15 Filed ....., 19 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1918 19

17 I HEREBY CERTIFY, That I attended deceased from April 24, 19 18, to April 29, 19 18.

that I last saw h.e alive on April 2, 19....

and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ....yrs....mos....ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis

(duration) ....yrs....mos....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? FOR WHAT?

What test confirmed diagnosis?

(Signed) Charles [illegible], M.D.

May 29, 19 18 (Address) 5 [illegible]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hills

DATE OF BURIAL May 1 19

20 UNDERTAKER F. Waterman Sons

ADDRESS Boston

N.B. WHAT PERSONS WITH UNDERTAKERS AND THOSE IN ATTENDANCE RECEIVE OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County: Suffolk State: Massachusetts Registered No.
Township: Winthrop or Village: or
City: ~~BOSTON~~ No. 26, Enfield Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Mulcahy

(a) Residence. No. 26 Enfield Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 21st 1915

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	7	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country) Mass

PARENTS
10 NAME OF FATHER Thomas J. Mulcahy
11 BIRTHPLACE OF FATHER (city or town) Winsted
(State or country) Conn
12 MAIDEN NAME OF MOTHER Helen A. Burke
13 BIRTHPLACE OF MOTHER (city or town) East Boston
(State or country) Mass.

14 Informant Alice D. Burke
(Address) 26 Enfield Road

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1st 1918

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1918, to May 1st, 1918, that I last saw her alive on May 1st, 1918, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:
Leukemia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
FOR WHAT?
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Modestino Acone, M.D.
May 2 1918 (Address) 419 Hanover St.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Paul's Arlington — DATE OF BURIAL: May 3rd 1918

20 UNDERTAKER: M. J. Kelley — ADDRESS: 11 Meridian St

NOTE: Blanks should be carefully filled. NAMES should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Nantucket (City or town)

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 41
Township ..... or Village ..... or
City Medford No. ....., ... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriet S. (Parker) Folger
(a) Residence. No. Winthrop St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Folger

6 DATE OF BIRTH (month, day, and year) June 29, 1824

7 AGE: Years 94 | Months 10 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) Barnstable
(State or country) Mass.

PARENTS
10 NAME OF FATHER Joshua Parker
11 BIRTHPLACE OF FATHER (city or town) Barnstable
(State or country) Mass.
12 MAIDEN NAME OF MOTHER Deborah Black
13 BIRTHPLACE OF MOTHER (city or town) Barnstable
(State or country) Mass.

14 Informant Charles F. Parker
(Address) Winthrop, Mass

15 Filed May 4, 1918 Lawrence Bonney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1, 1918

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Interstitial Nephritis
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) S. K. Reed, Agt., Bd. Health, M.D.
5/2, 1918 (Address) Medford, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Prospect Hill Cemetery, Nantucket, Mass.
DATE OF BURIAL: May 3, 1918

20 UNDERTAKER: Charles M. Levins
ADDRESS: Nantucket Mass.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 20,000.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~ (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

Township Winthrop. or Village or

City ~~BOSTON~~ No. 36 Cliff Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Jenkins.

(a) Residence. No. 847 Beacon Street Boston. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years 6 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence S. Jenkins.

6 DATE OF BIRTH (month, day, and year) April 8 1844.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		23	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Boston Mass.
(State or country)

PARENTS

10 NAME OF FATHER Nathaniel Jenkins.

11 BIRTHPLACE OF FATHER (city or town) Boston Mass
(State or country)

12 MAIDEN NAME OF MOTHER Mary Tucker.

13 BIRTHPLACE OF MOTHER (city or town) Boston Mass
(State or country)

14 Informant Mrs. Jenkins.
(Address) 36 Cliff Ave.

15 Filed, 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1918 19

17 I HEREBY CERTIFY, That I attended deceased from July, 1916, to May 1, 1918, that I last saw him alive on Apr 29, 1918, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) Mitral regurgitation

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? FOR WHAT? No

What test confirmed diagnosis?

(Signed) Frank E. Haskins, M.D.

5/1, 1918 (Address) 204 Huntington Ave.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Forest Hills	May 4 1918.

20 UNDERTAKER	ADDRESS
J. Waterman & Sons.	

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME MICHAEL O DONNELL

Registered No. 5258

Place of Death and Residence: Boston FENWAY HOSPT.

Date of Death MAY 9 1918, Age 50 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father JOHN O DONNELL

Birthplace of Father IRELAND

Maiden Name of Mother -----

Birthplace of Mother IRELAND

Occupation FISH MERCHANT

Informant

Place of Burial or removal WINTHROP

Undertaker J.F.O MALEY WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) ACUTE GASTRIC DILATATION - ACUTE CARDIAC DILATATION - 2 DAYS

Contributory: (Duration) INCARCERATED OBSTRUCTED INGUINAL HERNIA -PROGRESSIVE-- 4 YRS

(Signed) C.C.CARROLL M D

1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(4 PRESCOTT ST)

Filed MAY 13 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON MASS.

May 9, 1918.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Metcalf Hospital (Hospital St.; Ward)

2 FULL NAME Pauline Tresa Price

[If married or divorced woman or widow give maiden name, also name of husband.] Pauline Tresa Wolpert wife of Morris

3 RESIDENCE 34 Trident Ave. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH ..... (Month) ..... (Day) ....., 1..... (Year)

7 AGE 25 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work House-Wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Wolpert

11 BIRTHPLACE OF FATHER (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Solomon

13 BIRTHPLACE OF MOTHER (State or country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Morris Price

(Address) 34 Trident Ave.

15 Filed ..... 191..... .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 15, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from May 11, 1918, to May 15, 1918, that I last saw h.. alive on May 15, 1918, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Peritonitis following Caesarian Sec (Duration) ..... yrs. ..... mos. 11 ds.

Contributory (SECONDARY) for Contracted Pelvis (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Louis H. Rogers, M.D.

May 15 1918 (Address) 140 Highland Ave Somerville

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 4 yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence 34 Trident ave Winthrop Mass

19 PLACE OF BURIAL OR REMOVAL Cem. Woburn, Ohel Jacob

DATE OF BURIAL May 16 1918

20 UNDERTAKER Jacob Stanetsky & Son

ADDRESS Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 21 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH County Suffolk State Mass Registered No.

Township or Village or

City Winthrop No. 34, Thornton Park St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie Larkin

(a) Residence. No. 34 Thornton Park Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) E. Boston, (State or country) Mass

PARENTS

10 NAME OF FATHER James Larkin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Co. Ireland.

12 MAIDEN NAME OF MOTHER Rachel Wynnock

13 BIRTHPLACE OF MOTHER (city or town) Boston (State or country) Mass

14 Informant James Larkin (Address) 34 Thornton Pk.

15 Filed ....., 19 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1918

17 I HEREBY CERTIFY, That I attended deceased from —, 1915, to May 18, 1918, that I last saw her alive on May 18, 1916, and that death occurred, on the date stated above, at p.m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Stenosis & Insufficiency.

(duration) 3 yrs. + mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No Autoscope

What test confirmed diagnosis? Auscultation

(Signed) Horace E. Brayton M.D.

May 20 1918 (Address) 7 Central St, East Boston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Woodlawn Cemt

DATE OF BURIAL: 5-22-1918

20 UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

9720

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 11, Bellevue Ave St., Ward)

2 FULL NAME Mabel Lovilla Stone

[If married or divorced woman or widow give maiden name, also name of husband.]

4 RESIDENCE 11 Bellevue Ave

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: (Month) (Day) 1 (Year)

7 AGE: 37 yrs. 8 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Attleboro Mass

PARENTS

10 NAME OF FATHER: Herbert A. Butterworth

11 BIRTHPLACE OF FATHER (State or country): Mass

12 MAIDEN NAME OF MOTHER: Lydia L. Harvey

13 BIRTHPLACE OF MOTHER (State or country): Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred W. Stone

(Address) 11 Bellevue

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 20, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Poisoning by illuminating gas, Suicidal.

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Geo. Burgess Magrath, M.D.

May 20, 1918 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Norton Cem. Attleboro

DATE OF BURIAL: 5-23, 1918

20 UNDERTAKER: W. C. Skagg

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 16-8-'15. 5,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 15, Taylor St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Baby Dame

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 15 Taylor St. Winthrop Mass. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

[6] DATE OF BIRTH 5 (Month) 20 (Day), 1918 (Year)

[7] AGE ___ yrs. ___ mos. ___ ds. If LESS than 1 day ___ hrs. or ___ min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Government Civil Service

(b) General nature of industry, business, or establishment in which employed (or employer) —

[9] BIRTHPLACE (State or country) Winthrop

PARENTS

[10] NAME OF FATHER Thomas L. Dame

[11] BIRTHPLACE OF FATHER (State or country) Macon Ga

[12] MAIDEN NAME OF MOTHER Ellen Molloy

[13] BIRTHPLACE OF MOTHER (State or country) Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas L. Dame

(Address) 15 Taylor St.

[15] Filed ___ 191___ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH May (Month) 20 (Day), 1918 (Year)

[17] I HEREBY CERTIFY that I attended deceased from ___, 191___, to ___, 191___, that I last saw h___ alive on ___, 191___, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH* was as follows:

Stillborn (Premature)

Five Months

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) ___

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) James P. A. Nolan, M.D.

May 24, 1918 (Address) Same

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? ___

Former or usual residence ___

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cemt DATE OF BURIAL 6/1, 1918

[20] UNDERTAKER W. C. Skapp ADDRESS Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

Northrop

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
Township ..... or Village ..... or
City BOSTON No. ....., ... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stefana Arrigo nee Damico

(a) Residence. No. 10 Nevada St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tiffi Arrigo

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 36 Months 8 Days 7 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS
10 NAME OF FATHER Sardo
11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy
12 MAIDEN NAME OF MOTHER Angelina Bettolino
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Husband
(Address)

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25, 1918

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1918, to May 25, 1918
that I last saw her alive on May 25, 1918.
and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows:
Cancer of both breasts with metastases to the lungs.
..... (duration) ..... yrs. 6½ mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of ..... FOR WHAT?
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Raymond P. Borelli, M.D.
5/27, 1918 (Address) 256 Hanover St

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St Michael's, Forest Hills
DATE OF BURIAL May 27 1918

20 UNDERTAKER J A Hanafore
ADDRESS 30 Prince St

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of Contributory. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County ..... State Mass. Registered No. .....

Township Winthrop or Village ..... or

City ..... No. ....., ... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Rebel Littleton

(a) Residence. No. 4 Arcadia Rd., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 22 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Newton
(State or country) Mass

PARENTS

10 NAME OF FATHER Stephen F. Littleton

11 BIRTHPLACE OF FATHER (city or town) Newton
(State or country) Mass

12 MAIDEN NAME OF MOTHER Elizabeth Rebel

13 BIRTHPLACE OF MOTHER (city or town) New York
(State or country) N.Y.

14 Informant Stephen Littleton
(Address) 4 Arcadia Rd.

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1918

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1918, to May 27, 1918.

that I last saw her alive on May 27, 1918.

and that death occurred, on the date stated above, at 2:a. m.

The CAUSE OF DEATH* was as follows:

Acute endocarditis with insufficiency of the Mitral valve, caused by Acute Articular Rheumatism

(duration) ~~yrs.~~ 7 mos. ~~ds.~~

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? .....

(Signed) Alfred Hugo Stone, M.D.

5/28 1918 (Address) 419 Hanover St. Boston Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Lawrence Cem. Winthrop

DATE OF BURIAL 5/29 1918

20 UNDERTAKER [illegible]

ADDRESS 1042 Dorchester Ave Bos

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
Township Winthrop or Village or
City ~~BOSTON~~ No. 325, Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John William Hogan

(a) Residence. No. 325 Winthrop St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa V. Hogan

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE: Years 52 | Months – | Days – | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Inspector of Clothing
(c) Name of employer: U. S. Government

9 BIRTHPLACE (city or town) East Boston
(State or country) Mass

PARENTS
10 NAME OF FATHER Roger Hogan
11 BIRTHPLACE OF FATHER (city or town) –
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Ann Foley
13 BIRTHPLACE OF MOTHER (city or town) –
(State or country) Ireland

14 Informant Louisa V. Hogan
(Address) 325 Winthrop St

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1918

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1918, to May 30, 1918, that I last saw him alive on May 1, 1918, and that death occurred, on the date stated above, at – m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
FOR WHAT?
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Charles T. Maloney, M.D.
5 30, 1918 (Address) 335 Winthrop St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holy Cross, Malden | DATE OF BURIAL: June 2nd 1918

20 UNDERTAKER: M. F. Kelley | ADDRESS: 11 Meridian St

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township or Village or
City Winthrop No. 30 Waldemar Ave., St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter E. Albertson
(a) Residence. No. 3p Waldemar Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 5 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elsie Albertson

6 DATE OF BIRTH (month, day, and year) June 9, 1875

7 AGE 42 Years 11 Months 21 Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Paint Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) High St. Boston.
(c) Name of employer Wilhelm Dexter Co.

9 BIRTHPLACE (city or town) East Boston, Mass.
(State or country)

PARENTS
10 NAME OF FATHER William H. Albertson
11 BIRTHPLACE OF FATHER (city or town) E. Boston
(State or country) Mass.
12 MAIDEN NAME OF MOTHER Annie O. Casco
13 BIRTHPLACE OF MOTHER (city or town) Boston
(State or country) Mass.

14 Informant Mrs. Elsie Albertson
(Address) 30 Waldemar Ave. Winthrop,

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1, 18 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 19 17, to June 1st, 19 18, that I last saw him alive on June 1st, 19 18, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chronic Nefritis: Cystic Kidneys (duration) 26 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 1917

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. H. Brown, M.D.
6/3, 19 18 (Address) Revere Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Hale St. Cem. Beverly, Mass	6-4-18 19
20 UNDERTAKER	**ADDRESS**
H. C. Skaggs	Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of Contributory. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Reardon

(a) Residence. No. 11 Revere St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 2 1918

7 AGE Years Months Days If LESS than 1 day, 2 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country) Mass

PARENTS
10 NAME OF FATHER James
11 BIRTHPLACE OF FATHER (city or town) New Bedford
(State or country) Mass
12 MAIDEN NAME OF MOTHER Susan Christie
13 BIRTHPLACE OF MOTHER (city or town) E Boston
(State or country) Mass

14 Informant Mrs Christie
(Address) 11 Revere St.

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1918

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1918, to June 2, 1918, that I last saw her alive on June 2, 1918, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles F. Mahoney, M.D.
6/2 1918 (Address) 356 Winthrop St. Winthrop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden
DATE OF BURIAL 6/8 1918

20 UNDERTAKER John F. & Maley
ADDRESS Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of Contributory. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No.

Township or Village or

City Winthrop No. 371 Winthrop, St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clarance R. Sawyer

(a) Residence. No. 371 Winthrop St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 3 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-18-1891.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work BRAKEMAN

(b) General nature of industry, business, or establishment in which employed (or employer) B.R.&L.R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) Lynn (State or country) Mass.

PARENTS

10 NAME OF FATHER Norman Sawyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Novascotia,

14 Informant Mrs. Clarence Sawyer,

(Address) 371 Winthrop St.

15 Filed, 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5, 1819

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1918, to June 5, 1918, that I last saw him alive on June 4, 1918, and that death occurred, on the date stated above, at 5.00 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Chronic Valvula Heart Disease (duration) Several yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Owen E. Johnson, M.D.

6/6 19 18 (Address) Winthrop Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Pine Grove, Lynn, Mass.	6/7/18. 19

20 UNDERTAKER	ADDRESS
W.C. SKAGGS N.C. Skaggs	Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of Contributory. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township or Village or
City Winthrop No. 507 Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella A. Marchington
(a) Residence. No. 507 Pleasant St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 5 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Marchington Dec'd

6 DATE OF BIRTH (month, day, and year) Not given

7 AGE: Years 80; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED None
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Concord, Mass.
(State or country)

PARENTS
10 NAME OF FATHER -- Davis
11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)
12 MAIDEN NAME OF MOTHER --Davis
13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs. C. S. Minnie,
(Address) 507 Pleasant St.

15 Filed, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-7-'18 19

17 I HEREBY CERTIFY, That I attended deceased from April 1st, 1918, to June 5, 1918, that I last saw her alive on June 5th, 1918, and that death occurred, on the date stated above, at about 2 p. m.

The CAUSE OF DEATH* was as follows:
Uremia
Cancer (cutaneous)

do not know (duration) yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Nephritis
do not know (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinary analysis

(Signed) Horace J. Donle, M.D.
6/8/ 1918 (Address) 140 Winthrop St. Winthrop Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Woodlawn, Everett.
DATE OF BURIAL: 6/9/18 19

20 UNDERTAKER: W. C. Skaggs
ADDRESS: Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of Contributory. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME JAMES WARD

Registered No. 6178

Place of Death and Residence: Boston MASS.GEN.HOSPT.

Date of Death JUNE 8 1918, Age 26 years 4 months 16 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace FRAMINGHAM

Name of Father JAMES H. WARD

Birthplace of Father BROOKLINE

Maiden Name of Mother BESSIE T.GORDON

Birthplace of Mother ST.STEPHEN.N.B.

Occupation SALESMAN

Informant

Place of Burial or removal FRAMINGHAM(EDGELL GROVE)

Undertaker W.H.SMITH FRAMINGHAM

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) CHRONIC ENDOCARDITIS(RHEUMATIC) 2 YRS

Contributory: (Duration) EMBOLISM CERE.INSTANTANEOUS.

(Signed) C.E.WELLS M.D

JUNE 8 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT. 3 WKS.+

Usual Residence WINTHROP(30 ATLANTIC ST)

Filed JUNE 11 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

June 8, 1918.

Burial permit issued
by Boston Health Department.
Sept. 6. 1918.

J. W. Monahan

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

9775.

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH ? (No. Found Winthrop Beach, St., Ward) Boston (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME UNKNOWN MALE INFANT, Case No. 9775.

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE ? Unknown

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word):

[6] DATE OF BIRTH: Unknown (Month) (Day), 1 (Year)

[7] AGE: yrs. mos. X ds.

If LESS than 1 day, hrs. or min. ?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country): Unknown

PARENTS

[10] NAME OF FATHER: Unknown

[11] BIRTHPLACE OF FATHER (State or country): Unknown

[12] MAIDEN NAME OF MOTHER: Unknown

[13] BIRTHPLACE OF MOTHER (State or country): Unknown

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

[15] Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: May - June ? (Month) (Day), 1918 (Year)

Found June 10th.

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Presumably stillborn - circumstances unknown. (Decomposed - found on beach.)

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Geo. Burgess Magrath, M.D.

Aug. 30, 1918 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death ?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Mt. Hope

DATE OF BURIAL: , 191

[20] UNDERTAKER: R. J. Good

ADDRESS

May - June - 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 10-'17. 10,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State ..... Registered No. .....
Township Winthrop or Village ..... or
City ..... No. ....., ... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary F. Bussey

(a) Residence. No. 24 Temple Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of W. O. Bussey

6 DATE OF BIRTH (month, day, and year) April 1 - 1844

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	2	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) Boston Mass
(State or country)

PARENTS
10 NAME OF FATHER Peter Furlong
11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Denmark
12 MAIDEN NAME OF MOTHER Ann Deveraux
13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ireland

14 Informant Mrs. George Bussey
(Address) 24 Temple Ave

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 12 1918.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1918, to May 12, 1918.
that I last saw h alive on June 12, 1918.
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

Indef (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) W. L. Porter, M.D.
Aug. 19 18 (Address) Winthrop, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Holyhood Cemetery	June 15 1918

20 UNDERTAKER	ADDRESS
E. G. Brown & Son	East Boston

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea (City or town)

1 PLACE OF DEATH

County: Suffolk State: Mass. Registered No. 450

Township ..... or Village ..... or

City: Chelsea No. Frost Hospital St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard Thomas

(a) Residence. No. 121 Court Road St., ... Ward. Winthrop, Mass.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) Dec. 15, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Nova Scotia

PARENTS

10 NAME OF FATHER: John Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Nova Scotia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Nova Scotia

14 Informant: Mr. H. O. Thomas

(Address): Winthrop, Mass.

15 Filed June 19, 1918.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1918

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1918, to June 19, 1918, that I last saw him alive on June 18, 1918, and that death occurred, on the date stated above, at 5.10 a.m.

The CAUSE OF DEATH* was as follows:

Uremia

---- (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Retention Prostatitis

--- (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? -----

Did an operation precede death? -- Date of .....

Was there an autopsy? ---

What test confirmed diagnosis? ----

(Signed) J. H. Doran, M.D.

6/19/1918 (Address) 690 Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mass. Crematory	June 21 1918
20 UNDERTAKER	**ADDRESS**
J. S. Waterman & Sons	Roxbury

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 10,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME WILLIAM B. FLOYD

Registered No. 6515

Place of Death and Residence: Boston BOSTON HARBOR(LONG ISLAND)

Date of Death JUNE 19 1918, Age 82 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace WINTHROP

Name of Father THOMAS FLOYD

Birthplace of Father -----

Maiden Name of Mother -----

Birthplace of Mother -----

Occupation SEA CAPT.(RETIRED)

Informant

Place of Burial or removal WINTHROP(WINTHROP CEM)

Undertaker W.C.SKAGGS

WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) DROWNING-UNDER CIRCUMSTANCES UNKNOWN

Contributory: (Duration)

(Signed) G.B.MAGRATH MED.EX. M.D

JUNE 20 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(PLEASANT ST)

Filed JUNE 24 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

June 19, 1918.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Edward Malone

(a) Residence. No. 45 Hermon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie F. Stanton

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE: Years 59; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Master Teamster
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Boston (State or country) Mass

PARENTS
10 NAME OF FATHER Patrick
11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)
12 MAIDEN NAME OF MOTHER Margaret Corcoran
13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Annie Malone
(Address) 45 Hermon St

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1915

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1915, to June 20, 1915, that I last saw him alive on June 15, 1915, and that death occurred, on the date stated above, at 8.5 m.

The CAUSE OF DEATH* was as follows:
Coronary Embolus
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Endocarditis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) , M.D.
June 21, 1915 (Address) 3 [illegible]

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holy Cross Malden — DATE OF BURIAL: June 23 1915

20 UNDERTAKER: John F. & Maley — ADDRESS: Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County ..... State Mass ..... Registered No. .....

Township Winthrop ..... or Village ..... or

City ..... No. ....., ... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriet D. Remington

(a) Residence. No. 144 Loring Rd ..... St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 years 2 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5 1836

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) Hartford Conn (State or country)

PARENTS

10 NAME OF FATHER Smith Barrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Springfield Mass

12 MAIDEN NAME OF MOTHER Lydia Boylston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Springfield Mass

14 Informant Mrs Graves

(Address) 144 Loring Rd Winthrop

15 Filed ....., 19 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22d 1918.

17 I HEREBY CERTIFY, That I attended deceased from March 1st, 1918, to June 22d, 1918.

that I last saw her alive on June 22, 1918.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 25 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? clinical

(Signed) W. F. Porter, M.D.

Jy 4 1918 (Address) Winthrop, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Springfield Mass	July 25 1918
20 UNDERTAKER	**ADDRESS**
E. G. Brown & Son	East Boston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME ABRAHAM COHEN

Registered No. 6571

Place of Death and Residence: Boston INFANTS HOSPT.

Date of Death JUNE 22 1918, Age years 1 months 25 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace WINTHROP

Name of Father JACOB COHEN

Birthplace of Father RUSSIA

Maiden Name of Mother ROSE LURINSKY

Birthplace of Mother RUSSIA

Occupation -----

Informant

Place of Burial or removal WOBURN(BETH JOSEPH)

Undertaker J.STANETSKY

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) CEREBRO-SPINAL MENINGITIS-1 MO.

(COLON BACILLUS INFECTION)

Contributory: (Duration) PYELITIS --1 MO.

HYMAN COHEN

(Signed) M.D

JUNE 22 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP (252 SHIRLEY ST)

Filed JUNE 25 1918.

A true copy. Attest: E.W.M. Glenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

June 22, 1918.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF
BOSTON

FULL NAME HARRIETT MERRIAM WILBER

Registered No. 6662

Place of Death and Residence: Boston MASS.HOMEO.HOSPT.

Date of Death JUNE 22 1918, Age 62 years 1 months 4 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	M

Maiden Name: WOODS

Husband's Name: GEORGE W. WILBER

Birthplace: BILLERICA

Name of Father: ORESTES M.WOODS

Birthplace of Father: -----

Maiden Name of Mother: SARAH M. BURROWS

Birthplace of Mother: CHELMSFORD

Occupation: AT HOME

Informant:

Place of Burial or removal: MASS.CREMATORY

Undertaker: S.M.BURROUGHS

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): TRANSVERSE MYELITIS - 1 MO.11 DY

Contributory (Duration): CYSTITIS -- 21 DAYS

(Signed) H.M.POLLOCK M.D

JUNE 22 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence: WINTHROP(94 COTTAGE AVE)

Filed JUNE 29 1918.

A true copy. Attest: E.W.M. Glenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

June 22, 1918.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME CLARA MORRELO

Registered No. 6673

Place of Death and Residence: Boston FREE HOME FOR CONSUMPTIVES

Date of Death JUNE 25 1918, Age 31 years 8 months 16 days.

STATISTICAL DETAILS.

SEX.	COLOR	SINGLE, MARRIED, WID., DIV.
F	W	MAR.

Maiden Name: NEWELL

Husband's Name: MICHELE MORRELO

Birthplace: CHELSEA

Name of Father: GEORGE NEWELL

Birthplace of Father: CHERBORN

Maiden Name of Mother: ELLEN -----

Birthplace of Mother: -----

Occupation: HOUSEWIFE

Informant:

Place of Burial or removal: MALDEN(HOLY CROSS)

Undertaker: C.R.BENNISON WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) TUBERCULOSIS PULMONALIS 3 YRS

Contributory: (Duration)

(Signed) E.H.FERGUSON M.D

1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence: WINTHROP(110 BOWDOIN ST)

Filed JUNE 29 1918.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON MASS.

June 25, 1918.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

Township or Village or

City Winthrop No. 22 Prescott St., Ward

(If death occurred in a hospital or Institution, give its NAME instead of street and number)

2 FULL NAME Albert Walley Sears

(a) Residence. No. 22 Prescott St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years 1 months 3 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Boston (State or country) Massachusetts

PARENTS

10 NAME OF FATHER Paul Sears

11 BIRTHPLACE OF FATHER (city or town) N. Dennis (State or country) Massachusetts

12 MAIDEN NAME OF MOTHER Alice Crosby

13 BIRTHPLACE OF MOTHER (city or town) Brewster (State or country) Massachusetts

14 Informant Paul Sears (Address) 22 Prescott St Winthrop

15 Filed ....., 19 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1918

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1918, to July 3, 1918, that I last saw him alive on July 3, 1918, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Exhaustion 5 left arm and other injuries, origin unknown.

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus

(duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Events (35 Pleasant St.)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) W. L. Pierson, M.D.

July 5, 1918 (Address) 27 Norwood St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mass. Cremation Society	July 6 1918
20 UNDERTAKER	**ADDRESS**
J. E. Henderson & Co	Everett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Town of Westfield, Mass
(City or town)

1 PLACE OF DEATH
County Hampden State Mass. Registered No.
Township Westfield or Village or
City No. State Sanatorium St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis David Moriarty
(a) Residence. No. 41 Washington Ave St., Ward. Winthrop, Mass.
(Usual place of abode) (If non-resident give city or town and State)
Leogth of resideoce io city or town where death occurred years 1 months 5 days. How loog in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 30, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	11	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School
(b) General nature of iodustry, business, or establishmeot in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Newark
(State or country) Ohio

PARENTS
10 NAME OF FATHER George W. Moriarty
11 BIRTHPLACE OF FATHER (city or town) Comelsville
(State or country) Pa.
12 MAIDEN NAME OF MOTHER Vanie Allen
13 BIRTHPLACE OF MOTHER (city or town) Johnstown
(State or country) Ohio

14 Informant State Sanatorium
(Address) Westfield, Mass.

15 Filed 7/6/18, 19 Geo. Fred. Searle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5, 1918

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1918, to July 5, 1918
that I last saw him alive on July 5, 1918
and that death occurred, on the date stated above, at 8.35 P. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(duration) yrs. 9 mos. ds.
CONTRIBUTORY (SECONDARY) Pulmonary T.B.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Winthrop, Mass
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Hubert P. Colton, M.D.
7/6, 1918 (Address) State Sanatorium

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Newark, Ohio
DATE OF BURIAL — 19 —

20 UNDERTAKER Lambson Furn Co.
ADDRESS Westfield Mass.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 10,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME RACHAEL MC P. EATON (ADOPTED) Registered No. 7011

Place of Death and Residence: Boston MASS.HOMEO.HOSPT.

Date of Death JULY 7 1918, Age 4 years 8 months 25 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	S

Maiden Name

Husband's Name

Birthplace -----P.E.I.

Name of Father -----

Birthplace of Father -----

Maiden Name of Mother RACHAEL MC PHEARSON

Birthplace of Mother -----P.E.I.

Occupation -----

Informant

Place of Burial or removal WINTHROP.(WINTHROP CEM)

Undertaker W.T.WHITE
REVERE

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) SEPTIC DIPHTHERIA - 8 DYS

Contributory: (Duration) ACUTE TOXAEMIA

(Signed) S.A.CLEMENT M.D.

JULY 7 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.4 DAYS

Usual Residence WINTHROP(12 PARK AVE)

Filed JULY 11 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE
SICUT PATRIBUS SIC NOBIS
BOSTONIA CONDITA A.D. 1630.
CIVITATIS REGIMINE DONATA A.D. 1822.
BOSTON, MASS.

July 7. 1918.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. Metcalf Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick Devereux
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 209 Lincoln St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 3, 1918

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country)

PARENTS
10 NAME OF FATHER Frederick
11 BIRTHPLACE OF FATHER (city or town) Boston
(State or country)
12 MAIDEN NAME OF MOTHER Katherine Murray
13 BIRTHPLACE OF MOTHER (city or town) Rockland
(State or country) Mass

14 Informant Frederick Devereux
(Address) 209 Lincoln St

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10, 1918

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1918, to July 10, 1918.
that I last saw him alive on July 10, 1918.
and that death occurred, on the date stated above, at 9.00 P. m.
The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? ✓
(Signed) Edmund F. Moran, M.D.
7-11, 1918 (Address) 664 Bennington St., E. Boston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Michaels Boston	7/12 1918
20 UNDERTAKER John F. O'Malley	**ADDRESS** Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter J. Maw

(a) Residence. No. 2 Bates Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 49 | Months 0 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED Foreman
(a) Trade, professioo, or particular kind of work
(b) General oature of indostry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Montreal
(State or country) Canada

PARENTS
10 NAME OF FATHER John Maw
11 BIRTHPLACE OF FATHER (city or town)
(State or country) England
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Wife
(Address)

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11. 1918.

17 I HEREBY CERTIFY, That I attended deceased from July 11th, 1918, to July 11., 1918.
that I last saw him alive on July 11., 1918.
and that death occurred, on the date stated above, at 9-30 P. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Chronic Interst. Nephritis
Indef. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death
Did an operation precede death? No. Date of —
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) W. L. Porter, M.D.
7/13, 1918 (Address) Winthrop, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Cemetery
DATE OF BURIAL: July 13 1918

20 UNDERTAKER: E. R. Brunner
ADDRESS: Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF **BOSTON**

FULL NAME DAVID F.TURNBULL

Registered No. 7162

Place of Death and Residence: Boston LONG ISLAND HOSPT.

Date of Death JULY 12 1918, Age 82 years 6 months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father THOMAS TURNBULL

Birthplace of Father -----

Maiden Name of Mother ELIZABETH CHISHOLM

Birthplace of Mother -----

Occupation CARPENTER

Informant

Place of Burial or removal LONG ISLAND CEM.

Undertaker A.P.MORAN

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) ARTERIO-SCLEROSIS. CHR.CYSTITIS

BRONCHO-PNEUMONIA

Contributory: (Duration)

(Signed) A.L.KINNE M.D.

JULY 12 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.2 YRS.+

Usual Residence WINTHROP

Filed JULY 16 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTON MASS. BOSTONIA CONDITA A. 1630. CIVITATIS REGIMINE DONATA A. 1822.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

9844

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH: Winthrop Chelsea Creek at rear of 404 Revere St Ward)

2 FULL NAME: James Sherwood Gray

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE: 428 Revere St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: (Month) (Day) 1906 (Year)

7 AGE: 12 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Boston Mass.

PARENTS

10 NAME OF FATHER: Leander

11 BIRTHPLACE OF FATHER (State or country): Halifax N. Scotia

12 MAIDEN NAME OF MOTHER: Beatrice Magratte

13 BIRTHPLACE OF MOTHER (State or country): Halifax N.S.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Beatrice Gray

(Address): 428 Revere St

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 15 (Day), 1918 (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Drowning, accidental.

(Sank while trying to swim)

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Geo. Burgess Magratte, M.D.

July 15, 1918 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Calvary

DATE OF BURIAL: 7/17, 1918

20 UNDERTAKER: John T. O'Malley

ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningcs, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 10-'17. 10,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Cambridge (City or town)

1 PLACE OF DEATH County Mid. State Mass Registered № 1189

Township ..... or Village ..... or

City Cambridge No. Middlesex Hosp. St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hopkins

(a) Residence. No. 5 Thorndike St., Ward. Winthrop

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	0	

8 OCCUPATION OF DECEASED —

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Cambridge (State or country)

PARENTS

10 NAME OF FATHER Clarence R.

11 BIRTHPLACE OF FATHER (city or town) Somerville (State or country) Mass

12 MAIDEN NAME OF MOTHER Marion

13 BIRTHPLACE OF MOTHER (city or town) Torre (State or country) Maine

14 Informant Sister

(Address) —

15 Filed 7/30, 19 18 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/15/18 19

17 I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...

that I last saw h..... alive on —, 19...

and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:

Congenital Cystic disease of Kidneys

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John H. Smith, M.D.

, 19 (Address) Boston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Camb. Cem. Camb.	7/16 19 18
20 UNDERTAKER	**ADDRESS**
D. Fudge & Son	Camb.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 20,000.

Plus Certificate Based on U.S. Army Transportation Permit

R-302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

Registered No. — (Place of death)

Registered No. ..... (Place of residence)

1 PLACE OF DEATH

County France State

City or Town #62857 No. ....., St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard F. Metcalf, Corporal - Co. M G. 101st Infantry

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 170 Winthrop St St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 4. 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	3	11	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) Name of employer

9 BIRTHPLACE (city or town) Winthrop Mass (State or country)

PARENTS

10 NAME OF FATHER Ben Hicks Metcalf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Meadville Pa.

12 MAIDEN NAME OF MOTHER Maud R. Fossett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Roslindale (Boston) Mass

14 Informant Miss Wry (Address) 170 Winthrop St Winthrop

15 Filed Oct 6, 1921 Registrar of city or town where death occurred

Filed ....., 19 ..... Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1918

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,

that I last saw h..... alive on ....., 19.....,

and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Killed in Action in France

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ....., M.D.

, 19 (Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop

DATE OF BURIAL Aug. 28 1921

20 UNDERTAKER C. R. Bennison

ADDRESS Winthrop

No. 25,000

NOTE: PLEASE WRITE CLEARLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back so that it may be properly classified. of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

amg

UNITED STATES GOVERNMENT
WAR DEPARTMENT
QUARTERMASTER CORPS
GRAVES REGISTRATION SERVICE
PIER 2. HOBOKEN, N. J.

Aug. 24, 1921.

TRANSPORTATION OF CORPSE

PERMISSION IS HEREBY GRANTED TO CONVEY THE BODY OF THE FOLLOWING NAMED PERSON, WHO DIED OVERSEAS IN THE SERVICE OF THE UNITED STATES, FROM HOBOKEN, N. J. TO WINTHROP MASSACHUSETTS AND SOLDIER ESCORT IS HEREBY AUTHORIZED TO ACCOMPANY SAID BODY IN TRANSIT.

FULL NAME OF DECEASED METCALF, RICHARD F. CPL. 62857
Co. M.G. 101st Inf

CAUSE OF DEATH K/A DATE OF DEATH 7-15-18

DEATH OCCURRED ON DATE STATED ABOVE WHILE SERVING WITH THE UNITED STATES ARMY IN FRANCE.

BODY DISINTERRED BY THE UNITED STATES GOVERNMENT IN FRANCE.

THIS BODY HAS BEEN PREPARED IN ACCORDANCE WITH THE REGULATIONS OF THE DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY, AND THE ISSUANCE OF THIS PERMIT HAS BEEN APPROVED BY THE SAID DEPARTMENT.

R. E. SHANNON,
CAPTAIN, Q.M.C., U.S.A.,
OFFICER IN CHARGE.

July 15, 1918

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 10, Beacon St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Henry Trayes

(a) Residence. No. 10 Beacon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 9 years months days. How long in U. S., if of foreign birth? 66 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice B. Trayes

6 DATE OF BIRTH (month, day, and year) Oct 29, 1840

7 AGE: Years 77 Months 9 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Proof Reader
(b) General nature of industry, business, or establishment in which employed (or employer) Boston Globe
(c) Name of employer Boston Mass

9 BIRTHPLACE (city or town) Edenburgh (State or country) England

PARENTS
10 NAME OF FATHER John. Trays
11 BIRTHPLACE OF FATHER (city or town) Plymouth (State or country) England
12 MAIDEN NAME OF MOTHER Jane Brooke
13 BIRTHPLACE OF MOTHER (city or town) Devonshire (State or country) England

14 Informant Alice B. Trayes
(Address) 10 Beacon St

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1918

17 I HEREBY CERTIFY, That I attended deceased from Nov., 1917, to July 17, 1918.
that I last saw him alive on July 6, 1918.
and that death occurred, on the date stated above, at 1.30 p.m.
The CAUSE OF DEATH* was as follows:
Acute dilatation of heart.
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Ch. myocarditis - Ch. nephritis - arterio sclerosis -
(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? X
Did an operation precede death? no Date of X
Was there an autopsy? no
What test confirmed diagnosis? Laboratory & Clinical tests.
(Signed) William B. Trayes Jr., M.D.
7/18, 1918 (Address) 511 Mass. Ave. Boston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Mass
DATE OF BURIAL: July 20 1918
20 UNDERTAKER: C. R. Bennison
ADDRESS: 147 Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningeс, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

Gr. 7 Sec B. Pt 1. Cem. 608.

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or Town) 274

1 PLACE OF DEATH
County Suffolk FRANCE State Massachusetts Registered No. 72
City or Town Boston No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lieut Henry O. Griffin, 2nd, Lt. Co B 109th Inf.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 91 Fremont St St., Ward. Winthrop, Massachusetts
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH July 29, 1894 (Month) (Day) (Year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	11	19	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 2nd Lt
(b) Name of employer U. S. A.

9 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS

10 NAME OF FATHER Wilbur Griffin
11 BIRTHPLACE OF FATHER (City) Chelsea
(State or country) Massaxhusetts
12 MAIDEN NAME OF MOTHER Mary F. Quinby
13 BIRTHPLACE OF MOTHER (City) Portland
(State or country) Maine

14 Informant Mr. Wilbur I. Griffin
(Address) 91 Fremont St., Winthrop, Mass

15 Filed May 22 1922
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 18 1918.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH was as follows:

Killed in action

.....(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) .....

.....(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ....., M.D.

(Address) .....

Date ..... (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL

20 UNDERTAKER
A. E. Longs Son

ADDRESS
Cambridge

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

Date of issue of permit MAY 13 1922

Permit No. 2779

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from **injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RPB 12-10-21—12

U. S. GOVERNMENT

WAR DEPARTMENT
QUARTERMASTER CORPS
GRAVES REGISTRATION SERVICE
ARMY BASE, BROOKLYN, N. Y.

2906

DATE 5/17/22, 192 .

TRANSPORTATION OF CORPSE

Permission is hereby granted to convey the body of the following named person who died overseas in the service of the United States, from New York, N. Y., to BOSTON, MASSACHUSETTS *and soldier escort is hereby authorized to accompany said body in transit.*

Full name of deceased GRIFFIN, Henry Q.

Rank and organization 2nd Lt., Co.B. 109th Inf.

Cause of death KA *Date of death* 7/18/18

Death occurred on date stated above while serving with the United States Army in France.

Body disinterred by the United States Government in France.

This body has been prepared in accordance with the regulations of the Department of Health of the City of New York and the issuance of this permit has been approved by the said Department.

R. E. SHANNON,
Captain, Q. M. Corps, U. S. A.,
Officer in Charge.

274

Sergt. Henry L. Griffin
July 18. 1918.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
Township Winthrop or Village or
City ~~BOSTON~~ No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Lynch
(a) Residence. No. 25 Taft Ave St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day 20 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country) Mass

PARENTS
10 NAME OF FATHER John
11 BIRTHPLACE OF FATHER (city or town) Lynn
(State or country)
12 MAIDEN NAME OF MOTHER Ann Eustman
13 BIRTHPLACE OF MOTHER (city or town) Boston Mass
(State or country)

14 Informant Father
(Address) 25 Taft Ave Winthrop

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1918

17 I HEREBY CERTIFY, That I attended deceased from , 19, to July 18, 19 18.
that I last saw h alive on , 19.
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Still Born - never breathed
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Prematurely started placenta
Forceps delivery (duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? Forceps delivery Date of
FOR WHAT?
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J. Arthur Jones, M.D.
7/23/19 (Address) 529 Hanbury St. Boston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St Mary Cem Lynn
DATE OF BURIAL July 19 1918

20 UNDERTAKER P. Corbett
ADDRESS E. Boston

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. Metcalf Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Simons
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 31 Franklin Ave. St., Revere Ward
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE W.
5 SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED (write the word)~~

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 20th 1918

7 AGE Years + Months + Days + If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop Mass
(State or country)

PARENTS
10 NAME OF FATHER Leopold Simons
11 BIRTHPLACE OF FATHER (city or town) Reading Mass.
(State or country)
12 MAIDEN NAME OF MOTHER Nitil Weisman
13 BIRTHPLACE OF MOTHER (city or town) Boston, Mass
(State or country)

14 Informant Louis Simons
(Address) 31 Franklin Ave.

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1918

17 I HEREBY CERTIFY, That I attended deceased from July 20 —, 1918, to , 19 .
that I last saw h alive on , 19 .
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Still-born — Suberation from Cord Compression intra-partum
(duration) yrs. mos. ds.
CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) John F. McBride, M.D.
July 20 1918 (Address) Chelsea

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty Woburn Knights of Cy. DATE OF BURIAL July 22 1918
20 UNDERTAKER Jacob Stanetsky ADDRESS Boston

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances Carroll
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 20 Cora St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21, 1918

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country)

PARENTS
10 NAME OF FATHER Charles
11 BIRTHPLACE OF FATHER (city or town) Swamscott
(State or country) Mass
12 MAIDEN NAME OF MOTHER Mary Kennedy
13 BIRTHPLACE OF MOTHER (city or town) Winthrop
(State or country)

14 Informant Mrs. John Kennedy
(Address) 20 Cora St. Winthrop

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1918

17 I HEREBY CERTIFY, That I attended deceased ~~from~~
on July 21, 1918, to , 19
that I last saw her alive on July 21, 1918.
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. 18 hours ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? No.
(Signed) Edward J. Granger, M.D.
7/22/1918 (Address) 49 Bartlett Road.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Michaels
DATE OF BURIAL: 7/22/18 19

20 UNDERTAKER: John F. O'Malley
ADDRESS: Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop. BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
Township Winthrop. or Village or
City BOSTON No. 440 Pleasant Street St., Ward
(If death occurred in a hospital or Institution, give its NAME instead of street and number)

2 FULL NAME Arthur H. Wolcott.
(a) Residence. No. 440 Pleasant Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Wolcott.

6 DATE OF BIRTH (month, day, and year) June 21 1849.

7 AGE: Years 69 | Months 1 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Brush Manuf.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) So. Windsor Conn

PARENTS
10 NAME OF FATHER Nelson Wolcott.
11 BIRTHPLACE OF FATHER (city or town) (State or country) So. Windsor Conn
12 MAIDEN NAME OF MOTHER Sarah Kelsey
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Higganum Conn

14 Informant T.G. Wolcott.
(Address) Wonthrop Mass.

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1918 19

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1918, to July 22nd, 1918
that I last saw him alive on July 22, 1918
and that death occurred, on the date stated above, at 3.30 P m.
The CAUSE OF DEATH* was as follows:
Diabetes mellitus
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Hypertrophic cirrhosis of Liver
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of FOR WHAT?
Was there an autopsy? no
What test confirmed diagnosis? Laboratory
(Signed) H. W. Howell, M.D.
7/23, 1918 (Address) 535 Beacon St, Boston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Cem — DATE OF BURIAL: July 24 19

20 UNDERTAKER: J. Waterman & Sons — ADDRESS: Boston

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'13. 100,000.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Rutland (City or town)

1 PLACE OF DEATH County Worcester State Mass. Registered No.

Township Rutland or Village or

City No. Muffle Lodge Sanatorium St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Alphonse Letellier

(a) Residence. No. 28 Jefferson St., Ward. Winthrop

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith M. Letellier

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Pharmacist

(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Dr. A. Letellier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Wilhelmina Sylian

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Edith M. Letellier

(Address) 28 Jefferson St. Winthrop

15 Filed July 22, 1918 Louis M. Hanff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1918

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1918, to July 22, 1918, that I last saw him alive on July 22, 1918, and that death occurred, on the date stated above, at 6:15 P. M.

The CAUSE OF DEATH* was as follows:

Abscess of the lung

(duration) — yrs. 8 mos. — ds.

CONTRIBUTORY (SECONDARY) Pulmonary tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Winthrop Mass.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) George N. Lapham, M.D.

7/22/1918 (Address) Rutland Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop

DATE OF BURIAL — 19

20 UNDERTAKER C. E. Prescott

ADDRESS Rutland

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 20,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township or Village or
City Winthrop No. 90, Fremont St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick Wilkins
(a) Residence. No. 90 Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 20 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ the late Fredrone H Wilkins

6 DATE OF BIRTH (month, day, and year) 6-3-1833

7 AGE: Years 85 | Months 1 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Lumberman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Hillsboro N. H.
(State or country)

PARENTS
10 NAME OF FATHER Ira Wilkins
11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)
12 MAIDEN NAME OF MOTHER Dorcas Flint
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N. H.

14 Informant Lillie Wilkins
(Address) 90 Fremont St

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 22 July 1918

17 I HEREBY CERTIFY, That I attended deceased from 17 July, 1918, to 22 July, 1918.
that I last saw h. alive on 22 July, 1918.
and that death occurred, on the date stated above, at 11.15 p. m.
The CAUSE OF DEATH* was as follows:
Senile myocarditis
(duration) many yrs. mos. ds.
CONTRIBUTORY (SECONDARY) fracture of hip.
(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical.
(Signed) Frank J. Bateman, M.D.
7/24 1918 (Address) Peabody Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Cemt
DATE OF BURIAL: 7-25 1918

20 UNDERTAKER: N. C. Skaggs
ADDRESS: Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Josephine Horan.
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 287 Main St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael F. Horan.
6 DATE OF BIRTH (month, day, and year)
7 AGE Years 46. Months Days If LESS than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) (State or country) Newfoundland
PARENTS
10 NAME OF FATHER William
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Margaret Haley.
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland
14 Informant Michael Horan
(Address) 287 Main St.
15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1918
17 I HEREBY CERTIFY, That I attended deceased from May, 1918, to July 24th, 1918, that I last saw her alive on " 23d, 1918, and that death occurred, on the date stated above, at 4 a. m.
The CAUSE OF DEATH* was as follows:
Hypostatic Lobar Pneumonia
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Acute Nephritis +
Chronic Nephritis (duration) 5 yrs. mos. ds.
18 Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) E. W. Brown, M.D.
7/25, 1918 (Address) 25 Crescent Ave Revere

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St Mary's Newburyport
DATE OF BURIAL 7/30/18 19
20 UNDERTAKER John F. Malley
ADDRESS Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township or Village or
City Winthrop No. 175 Main Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James White
(a) Residence. No. 175 Main St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 23 years 8 months 15 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Jane White Dec'd

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	8	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Marine Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B. Boston Ferries

9 BIRTHPLACE (city or town)
(State or country) Scotland

PARENTS
10 NAME OF FATHER Andrew White
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Scotland
12 MAIDEN NAME OF MOTHER Black.
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Scotland

14 Informant James White Jr.
(Address) 175 Main St

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1918

17 I HEREBY CERTIFY, That I attended deceased from July 18 1918, to July 25 1918.
that I last saw h. alive on July 24 1918.
and that death occurred, on the date stated above, at 6. A. m.
The CAUSE OF DEATH* was as follows:

Prostatitis

(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) Augustus L. Tallman M.D.
7/27 1918 (Address) Princeton St. Boston.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Winthrop Cemt	7-28 1918
20 UNDERTAKER	**ADDRESS**
W. C. Skaggs	Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME HYMAN PAUL

Registered No. 7611

Place of Death and Residence: Boston MASS.GEN.HOSPT.

Date of Death JULY 27 1918, Age 10 years 3 months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father ISRAEL B.PAUL

Birthplace of Father RUSSIA

Maiden Name of Mother ETTA DANBERG

Birthplace of Mother RUSSIA

Occupation -----

Informant

Place of Burial or removal BETH ABRAHAM

Undertaker J.STANETSKY

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) TYPHOID FEVER - 1 1-2 MONTH (OPR.JULY 26.1918)

Contributory: (Duration) PERFORATED TYPHOID ULCER - 36 HOURS

(Signed) H.W.HERSEY M.D

1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP (287 SHIRLEY ST)

Filed JULY 31 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

August 27, 1918

N. B.—WRITE PLAINLY, WITH UNFADING INK.

N. B.—WRITE PLAINLY, WITH INDIAN INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. Metcalf Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes Mary Gorman Morgan

(a) Residence. No. 5 Atlantic St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William F. Morgan

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 44 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Boston
(State or country)

PARENTS
10 NAME OF FATHER Peter
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary Crane
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Agnes Morgan
(Address) 5 Atlantic St

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1918

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1918, to July 29, 1918, that I last saw her alive on July 29, 1918, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Obs. Polyarticular Rheumatism
(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 25 1918

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles Mahoney, M.D.
July 30, 1918 (Address) 352 Winthrop St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holy Cross Malden
DATE OF BURIAL: 7/31/1918

20 UNDERTAKER: John F. O'Malley
ADDRESS: Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH County Suffolk State Mass Registered No.

Township Winthrop or Village or

City Rev No. , St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary C. Greely

(a) Residence. No. 25 Lincoln Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Leogth of resideoce in city or towo where death occurred years months days. How long io U. S., if of foreigo birth? years mooths days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Greely

6 DATE OF BIRTH (month, day, and year)

7 AGE Years about 75 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Salem, Mass (State or country)

PARENTS

10 NAME OF FATHER John Tight

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER don't know

13 BIRTHPLACE OF MOTHER (city or town) " " (State or country)

14 Informant John B. Greely "Son"

(Address) 25 Lincoln Terrace

15 Filed , 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 31 July 1918

17 I HEREBY CERTIFY, That I attended deceased from February, 1918, to July 31st, 1918

that I last saw he alive on July 29th, 1918.

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Senile arteriosclerosis

(duration) many yrs. mos. ds.

CONTRIBUTORY (SECONDARY) senile myocarditis

(duration) many yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Frank G. Bateman, M.D.

31/7. 1918 (Address) Somerville, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Pine Hill Cemetery, Dover N.H. DATE OF BURIAL Aug 2 1918

20 UNDERTAKER Thomas F. Hill ADDRESS Everett

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

[5-'17-XXM.]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 20 Bellevue Av St.; ..... Ward)

2 FULL NAME Antonio Rogers
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE Winthrop 20 Bellevue Ave. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH ....., 1..... (Month) (Day) (Year)

7 AGE 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Furniture Polisher
(b) General nature of industry, business, or establishment in which employed (or employer): Furniture Trade

9 BIRTHPLACE (State or country): Portugal

PARENTS

10 NAME OF FATHER: John Rogers

11 BIRTHPLACE OF FATHER (State or country): Portugal

12 MAIDEN NAME OF MOTHER: Dora Kovar

13 BIRTHPLACE OF MOTHER (State or country): Portugal

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mamie E Cohen
(Address) 20 Bellevue Av Winthrop

15 Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 2, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from July 3, 1918, to August 2, 1918, that I last saw him alive on August 2, 1918, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:
Carcinoma of the liver

Did a surgical operation precede death? Date

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Cachexia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Nicolas Lima, M.D
August 2, 1918 (Address) 411 Hanover St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cabway

DATE OF BURIAL: Aug 4, 1918

20 UNDERTAKER: Jno J Gormley

ADDRESS: 2788 Washington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17 *100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH County Suffolk State Mass Registered No.

Township or Village or

City Winthrop No. 50, Hloyd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert B. Hartness

(a) Residence. No. 50 Hloyd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-7-1863

7 AGE: Years 54 Months 8 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Schenectady (State or country) N.Y.

PARENTS

10 NAME OF FATHER John W Hartness

11 BIRTHPLACE OF FATHER (city or town) Albany (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Ursula Tracher

13 BIRTHPLACE OF MOTHER (city or town) Schenectady (State or country) N.Y.

14 Informant James Hartness (Address) Springfield Vt.

15 Filed, 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-2- 1918.

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1918, to Aug. 2, 1918, that I last saw him alive on Aug. 2, 1918, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Renal Dropsy

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) W. F. Pore, M.D.

8/3, 1918 (Address) Winthrop, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Cleveland Ohio

DATE OF BURIAL: 8-5 1918

20 UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 80 Cottage Park Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Timothy Arey Attwood
(a) Residence. No. 80 Cottage Pk Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 18 years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 63 Months 5 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Trade
(b) General nature of industry, business, or establishment in which employed (or employer): Tailor
(c) Name of employer

9 BIRTHPLACE (city or town) Wellfleet
(State or country) Mass

PARENTS
10 NAME OF FATHER Eleazer H. Atwood
11 BIRTHPLACE OF FATHER (city or town) Wellfleet
(State or country) Mass
12 MAIDEN NAME OF MOTHER Susan Freeman
13 BIRTHPLACE OF MOTHER (city or town) Wellfleet
(State or country) Mass

14 Informant Anna R. Coleman
(Address) 80 Cottage Pk Road

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1918

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1917, to Aug 5, 1918.
that I last saw him alive on Aug 5, 1918.
and that death occurred, on the date stated above, at 12-15 m.
The CAUSE OF DEATH* was as follows:

Hepatic Cirrhosis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypocondria

Indefinite (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Abdomal Ascites
(Signed) Percy G. Brown, M.D.
Aug 5, 1918 (Address) 218 Main St Winthrop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Woodlawn Cemetery Everett
DATE OF BURIAL: Aug. 7 1918

20 UNDERTAKER: C R Bennum
ADDRESS: Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF **BOSTON**

FULL NAME MICHAEL H.QUINN

Registered No. 7964

Place of Death and Residence: Boston MAC LEOD HOSPT.

Date of Death AUG.9 1918, Age 68 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace IRELAND

Name of Father THOMAS H.QUINN

Birthplace of Father IRELAND

Maiden Name of Mother -----

Birthplace of Mother -----

Occupation HOTEL R.R.NEWS CO.

Informant

Place of Burial or removal FOREST HILLS

Undertaker A.L.EASTMAN CO.

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) CHR. NEPHRITIS -10 YRS

Contributory: (Duration) CEREBRAL HEMORRHAGE -6 MOS.

(Signed) E.S.BISBEE M.D.

1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(36 FLOYD ST)

Filed AUG.12 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON MASS.

Aug. 9, 1918

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
Township WINTHROP or Village or
City ~~BOSTON~~ No. METCALF HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MINNIE HAYES
(a) Residence. No. WINTHROP ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	SINGLE

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWORK
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) IRELAND
(State or country)

PARENTS
10 NAME OF FATHER DANIEL
11 BIRTHPLACE OF FATHER (city or town) IRELAND
(State or country)
12 MAIDEN NAME OF MOTHER UNKNOWN
13 BIRTHPLACE OF MOTHER (city or town) IRELAND
(State or country)

14 Informant JOHN COSTIN
(Address) 11 CHURCH ST. E. WILTON

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13 1918.

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1918, to Aug 13, 1918.
that I last saw her alive on Aug. 13. 1918.
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:

Interstitial Nephritis (Chronic)

Indef. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uraemia
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
FOR WHAT?
Was there an autopsy? no
What test confirmed diagnosis? Clinical & microscopic
(Signed) William L. Porter, M.D.
Aug. 19 1918 (Address) Winthrop Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
ST. JOSEPHS W. ROXBURY	8/15/18 19

20 UNDERTAKER	ADDRESS
John F. O'Maley	Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~ (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

Township or Village or

City BOSTON No. 162 Washington Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. Moore

(a) Residence. No. 162 Washington ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Moore

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Boston (State or country) Mass

PARENTS

10 NAME OF FATHER John Mahoney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Edward Moore (Address) 162 Wash Ave

15 Filed, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14th 1918

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1918, to Aug 14th, 1918 that I last saw her alive on Aug 13th, 1918 and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of the Stomach

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? I do not know

Did an operation precede death? No Date of

FOR WHAT? No

Was there an autopsy?

What test confirmed diagnosis? X Ray of Stomach

(Signed) Charles E Inglee, M.D.

8/14 1918 (Address) 57 Hancock St

*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Old Calvary Cem — DATE OF BURIAL Aug 16 1918

20 UNDERTAKER J. L. Burke — ADDRESS 75 Chambers St Boston

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Cambridge (City or town)

1 PLACE OF DEATH
County: Mid. State: Mass. Registered No. 1330
Township ..... or Village ..... or
City: Cambridge No. Tuberculosis Hosp. St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lawrence Valentine

(a) Residence. No. 95 Hermon St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred ..... years ..... months ..... days. How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.
4 COLOR OR RACE W.
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16	5	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At school
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Peabody Mass
(State or country)

PARENTS
10 NAME OF FATHER Victor J.
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Salem Mass.
12 MAIDEN NAME OF MOTHER Marie Gladu
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Peabody Mass

14 Informant: Father
(Address)

15 Filed Aug 2, 19 18 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15, 1918

17
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw him ..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Chr. Pulmonary Tuberculosis
..... (duration) ..... yrs. 10 mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Felix McSweeney, M.D.
, 19 (Address) Aug 15 1918 Camb.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Paul's Arlington
DATE OF BURIAL Aug 17 1918

20 UNDERTAKER Helena A. Pettis
ADDRESS Camb.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 20,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County SUFFOLK State Mass. Registered No.
Township WINTHROP or Village or
City No. Metcalf Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Nichols

(a) Residence. No. 23 Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 17, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	×	×	×	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop, Mass.
(State or country)

PARENTS
10 NAME OF FATHER George
11 BIRTHPLACE OF FATHER (city or town) Glenwood
(State or country) Mass.
12 MAIDEN NAME OF MOTHER Frances McGeorge
13 BIRTHPLACE OF MOTHER (city or town) East Boston
(State or country) Mass.

14 Informant George Nichols
(Address) 23 ~~George~~ Charles St.

15 Filed , 19 .
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17 1918

17 I HEREBY CERTIFY, That I attended deceased from Aug 17, 19 18, to Aug 17, 19 .
that I last saw h. alive on , 19 .
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Still born
(duration) yrs. mos. ds.
CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Charles J. Nichols, M.D.
Aug 17, 19 18 (Address) 3 36 Winthrop St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Winthrop Cemetery	8/18/18 19

20 UNDERTAKER	ADDRESS
John F. O'Maley	Winthrop

NB. Write LEGIBLY, with CHARCOAL INK. Answers to questions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village S or
City No. 78 Washington ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Owen (Premature Baby)

(a) Residence. No. 78 Washington ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): — —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 16-18

7 AGE: Years ✗ Months ✗ Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country) Mass

PARENTS
10 NAME OF FATHER Simeon L. Owen.
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ark.
12 MAIDEN NAME OF MOTHER Ruth Clark.
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Mexico.

14 Informant Simeon L. Owen
(Address) 78 Washington ave

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 18 1918.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1918, to Aug. 18, 1918, that I last saw he alive on Aug. 17, 1918, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) W. J. Ford, M.D.
8/19, 19 18 (Address) Winthrop, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Cemetery
DATE OF BURIAL: 8/20 1918

20 UNDERTAKER: B R Brennan
ADDRESS: Winthrop

N. B. WHEN PRINTING INK, THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

[5-'17-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop, Mass. (No. 70, Sagamore Ave St.; Ward)

2 FULL NAME Donna Brinsmaid Kent
[If married or divorced woman or widow give maiden name, also name of husband.] Widow of Nathaniel G. Kent

4 RESIDENCE 70 Sagamore Ave. Winthrop

Registered No.

N B – Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

C A Pollios Embalmer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Dec. (Month) 15 (Day), 1845 (Year)

7 AGE: 72 yrs. 8 mos. 5 ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Augusta, N.Y.

PARENTS

10 NAME OF FATHER: James Judson

11 BIRTHPLACE OF FATHER (State or country): Litchfield, Conn.

12 MAIDEN NAME OF MOTHER: Lucy Cables

13 BIRTHPLACE OF MOTHER (State or country): Litchfield, Conn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Kent, daughter
(Address) 70 Sagamore Ave Win

15 Filed _____, 191__ _____
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. (Month) 20 (Day), 1918 (Year)

17 I HEREBY CERTIFY that I attended deceased from July 15, 1918, to Aug. 20, 1918, that I last saw her alive on Aug. 19, 1918, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Did a surgical operation precede death? Date

Indef. (Duration) yrs. mos. ds.

Contributory (SECONDARY) Cardiac & Renal Dropsy (Duration) 2 yrs. mos. ds.

(Signed) H. L. Porter, M.D.

Aug. 21, 1918 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Verona Mills, New York

DATE OF BURIAL: Aug. 22, 1918

20 UNDERTAKER: C. A. Pollios, 200 Meridian St.

ADDRESS: E. Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

No. Reading
(City or town)

1 PLACE OF DEATH

County Middlesex State Mass. Registered No.

Township No. Reading or Village or

City No. No. Reading State Sanatorium St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Bertha H. Gray

(a) Residence. No. 20 Ocean Ave. Winthrop, Mass. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 years 21 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David E. Gray

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mass.
(State or country)

PARENTS

10 NAME OF FATHER Harry Hamblin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) St. Helena

12 MAIDEN NAME OF MOTHER Elizabeth Howland

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Mass.

14 Informant Hospital Records
(Address) No. Wilmington, Mass.

15 Filed Aug. 30, 1918 H. L. Hall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23 1918

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1918, to Aug. 23, 1918

that I last saw her alive on Aug. 23, 1918.

and that death occurred, on the date stated above, at 8 20 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs.

Prof. (duration) 1 yrs. 4 mos. + ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

Prob. (duration) yrs. 8 mos. 21 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? no Date of

Was there an autopsy? None

What test confirmed diagnosis?

8/24, 1918 (Signed) L. R. Jenkins M.D.
(Address) No. Reading State Sanatorium

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oak Grove Cem. Falmouth, Mass.	Aug. 26 1918
20 UNDERTAKER	**ADDRESS**
F. L. Edgerly	Reading, Mass.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 20,000.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

SALEM
(City or town)

1 PLACE OF DEATH
County Essex State Mass. Registered No.
Township or Village or
City Salem No. North Shore Babies Hospital St., 6 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Clarke
~~(If in the Army or Navy of the United States, give rank, organization, etc.)~~
(a) Residence. No. 41 Bank St., Ward. Winthrop Mass
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 24 - 1917

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	7	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Boston
(State or country) Mass

PARENTS
10 NAME OF FATHER James Clarke
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Annie Dorley
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Annie Clarke
(Address) 41 Bank St. Winthrop

15 Filed Aug 28, 1918 J. Clifford Mitchell
REGISTRAR
City Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27 1918

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1918, to Aug. 27, 1918.
that I last saw him alive on Aug 27, 1918.
and that death occurred, on the date stated above, at 11 P. m.
The CAUSE OF DEATH* was as follows:
Chronic Intestinal indigestion
(duration) yrs. 2 mos. — ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
Aug 28, 1918 (Signed) Geo. J. Hill, M.D.
(Address) Beverly

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden
DATE OF BURIAL Aug. 29 1918
20 UNDERTAKER John F. C. Maley
ADDRESS Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 20,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Melcat Hospital (No. ..... St.; ..... Ward)

[2] FULL NAME Sherman Baby

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 12 Nine Way Winthrop, Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male.

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word):

[6] DATE OF BIRTH: August 29 (Month) 1918. (Day), 1 (Year)

[7] AGE: — yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION: —

(a) Trade, profession, or particular kind of work .....

(b) General natura of industry, business, or establishment in which employed (or employer) .....

[9] BIRTHPLACE (State or country): Winthrop Mass.

PARENTS

[10] NAME OF FATHER: Louis Sherman.

[11] BIRTHPLACE OF FATHER (State or country): Russia

[12] MAIDEN NAME OF MOTHER: Lena Pontinovitz

[13] BIRTHPLACE OF MOTHER (State or country): Russia

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C R Benner

(Address) Winthrop

[15] Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: August (Month) 29 (Day), 1918 (Year)

[17] I HEREBY CERTIFY that I attended deceased from August 29, 1918, to August 29, 1918, that I last saw h. ~~alive~~ on August 29, 1918, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Premature.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry A Kelly, M.D.

Aug 29, 1918. (Address) 200 Pleasant St.

*If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Tomb Winthrop

DATE OF BURIAL: Sept 13 1918

[20] UNDERTAKER: C R Benner

ADDRESS: Winthrop

Aug. 29, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. Metcalf Hospital (Ward)

2 FULL NAME Baby Dobrow
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 75 Walnut Ave. Revere

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Unknown

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Aug. 30 (Month) 30 (Day), 1918 (Year)

7 AGE ... yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Winthrop Mass

PARENTS

10 NAME OF FATHER Samuel Dobrow

11 BIRTHPLACE OF FATHER (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Kagan

13 BIRTHPLACE OF MOTHER (State or country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Father

(Address) 75 Walnut Ave

15 Filed ..... 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug (Month) 30 (Day), 1918 (Year)

17 I HEREBY CERTIFY that I attended deceased from Aug 30, 1918, to Aug 30, 1918, that I last saw h... alive on ..., 191..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Still born

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Maurice Silverman, M.D.

Aug 30, 1918 (Address) 112 Shirley Ave Revere

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Am. Wolnry Beth Joseph

DATE OF BURIAL Aug. 30 1918

20 UNDERTAKER Lalob Stanetsky

ADDRESS Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

August 30, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B. WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 137 Bartlett Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fred Waldron Swett
(a) Residence. No. 137 Bartlett Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Swett.

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 50 Months 11 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Moving Picture Business
(c) Name of employer Machenis Salesman

9 BIRTHPLACE (city or town) Saccarappa
(State or country) Me

PARENTS
10 NAME OF FATHER Nathaniel A. Swett
11 BIRTHPLACE OF FATHER (city or town) Topsham
(State or country) Me
12 MAIDEN NAME OF MOTHER Abby L. Pratt
13 BIRTHPLACE OF MOTHER (city or town) Saccarappa
(State or country) Me

14 Informant Mary A. Swett
(Address) 137 Bartlett Road Winthrop

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 1. 1918

17 I HEREBY CERTIFY, That I attended deceased from Sep. 1. 1918, to Sep. 1. 1918.
that I last saw him alive on Aug. 30. 1918.
and that death occurred, on the date stated above, at 9.50 a. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

Indef. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical & micros.
(Signed) W. L. Powers, M.D.
9/3. 19 (Address) Winthrop.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Brookdale Cemetery Dedham
DATE OF BURIAL Sept 4 1918

20 UNDERTAKER C R Benman
ADDRESS Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Cambridge, Mass
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No 214 Shirley St.; Ward)

2 FULL NAME Bridget Foley
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 214 Shirley St. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: 1852 (Month) (Day) (Year)

7 AGE: 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Ireland.

PARENTS

10 NAME OF FATHER: James McCloskey

11 BIRTHPLACE OF FATHER (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Daughter Mrs J Sommerrown
(Address) 214 Shirley St Winthrop

15 Filed, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September 3 (Month) (Day), 1918 (Year)

17 I HEREBY CERTIFY that I attended deceased from August, 1918, to Sept 3, 1918, that I last saw her alive on Sept 2, 1918, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:
Cancer of Stomach
(Duration) yrs mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Henry A Kelly, M.D.
Sept 3, 1918 (Address) 200 Cleveland St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Cross Cem. Malden

DATE OF BURIAL: Sept 5, 191

20 UNDERTAKER: George H Kelley

ADDRESS: Cambridge

Sept 5, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 7-'17. 100,000.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
Township Winthrop or Village or
City ~~BOSTON~~ No. 39, Ingleside Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret A. Knight
(a) Residence. No. 39 Ingleside Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE Years 53 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Barter
(State or country) U. S.

PARENTS
10 NAME OF FATHER Paul Gardner
11 BIRTHPLACE OF FATHER (city or town) Barter
(State or country) U.S.
12 MAIDEN NAME OF MOTHER Lucy Thurning
13 BIRTHPLACE OF MOTHER (city or town) Barter
(State or country) U.S.

14 Informant Husband
(Address) 39 Ingleside Ave

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3, 1918

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1918, to Sept 3, 1918.
that I last saw her alive on Sept 3, 1918.
and that death occurred, on the date stated above, at 4.30 a. m.
The CAUSE OF DEATH* was as follows:
Cancer of the uterus
(duration) Sept 1 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
FOR WHAT?
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Robert Bonney, M.D.
Sept 3, 1918 (Address) Princeton St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL "Hole Crass" Malden
DATE OF BURIAL Sept 5 1918
20 UNDERTAKER R. C. Kirby
ADDRESS E. Boston

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*, The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (c. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

WINTHROP (City or town)

1 PLACE OF DEATH
County SUFFOLK State MASS Registered No.
Township WINTHROP or Village or
City No. 83, LORING RD. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ELLEN BLAIS

(a) Residence. No. 83 LORING RD. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	WIDOWED

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of FRANCIS X. A. BLAIS

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) IRELAND

PARENTS
10 NAME OF FATHER JOHN GRIMES
11 BIRTHPLACE OF FATHER (city or town)
(State or country) IRELAND
12 MAIDEN NAME OF MOTHER BRIDGET McCORMACK
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) IRELAND

14 Informant CHARLES BLAIS
(Address) 83 LORING RD.

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1918, to Sept 9, 1918,
that I last saw h alive on Sept 3, 1918
and that death occurred, on the date stated above, at 8 A m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Rectum

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Harvey A. Kelly, M.D.
9/4 1918 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
HOLY CROSS MALDEN	9/6/18 19
20 UNDERTAKER John F. O'Maley	ADDRESS Winthrop

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

9943

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 110 Grove Ave St.; Ward)

2 FULL NAME John Adam Waldo

[If married or divorced woman or widow give maiden name, also name of husband]

4 RESIDENCE 110 Grove Ave., Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married.

6 DATE OF BIRTH: July 10 1848 (Month) (Day) (Year)

7 AGE: 70 yrs. 1 mos. 27 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Boston Mass.

PARENTS

10 NAME OF FATHER: Henry S. Waldo.

11 BIRTHPLACE OF FATHER (State or country): Boston Mass

12 MAIDEN NAME OF MOTHER: Emma Haven

13 BIRTHPLACE OF MOTHER (State or country): Boston Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. F. Waldo.

(Address) 110 Grove Ave.

15 Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept. (Month) 6 (Day), 1918 (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Natural Causes: Presumably Cardiovascular disease. (Sudden death) (Duration) yr. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Leroy Burgess Magrath, M.D.

Sept. 7 1918 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Newton Cem Newton. DATE OF BURIAL: Sept 10, 191.....

20 UNDERTAKER: L. Waterman & Son ADDRESS: Boston

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

SALEM (City or town)

1 PLACE OF DEATH

County Essex State Mass. Registered No. 455

Township ..... or Village ..... or

City Salem No. North Shore Babies Hospital St., 6 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Clarke (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 41 Bank St., Ward Winthrop

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop (State or country) Mass.

PARENTS

10 NAME OF FATHER James Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Dorley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Annie Clarke

(Address) 41 Bank St. Winthrop

15 Filed Sept 7, 1918 Clifford Entwistle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7 1918

17 I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1918, to Sept. 7, 1918.

that I last saw him alive on Sept 7, 1918.

and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

marasmus

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Lawrence Kendall Kelley, M.D.

Sept. 7, 1918 (Address) North Shore Babies Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION, OR REMOVAL Holy Cross, Malden — DATE OF BURIAL Sept 8 1918

20 UNDERTAKER John F. O'Maly — ADDRESS Winthrop

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 20,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME HERBERT R. DEUSCH

Registered No. 8795

Place of Death and Residence: Boston PETER BENT BRIGHAM HOSPT.

Date of Death SEPT. 8 1918, Age 17 years 1 months 15 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father OTIS S. DEUSCH

Birthplace of Father BOSTON

Maiden Name of Mother EMMA REED

Birthplace of Mother QUINCY

Occupation STUDENT

Informant

Place of Burial or removal FOREST HILLS

Undertaker J. S. WATERMAN & SONS

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) LOBAR PNEUMONIA -- 7 DAYS

Contributory: (Duration)

(Signed) G. H. STONE M.D.

SEPT. 8 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT. 2 DAYS

Usual Residence WINTHROP (17 QUINCY AVE)

Filed SEPT. 11 1918.

A true copy. Attest: E. W. McGlenen

Registrar.

Filed Dec. 18, 1918

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630 BOSTON MASS.

Sept. 8, 1918

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~ (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
Township Winthrop or Village or
City ~~BOSTON~~ No. 79, Cliff Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Felice Russo
(a) Residence. No. 79 Cliff Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Russo

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 74 | Months 2 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Fruit Dealer
(c) Name of employer

9 BIRTHPLACE (city or town) Russo
(State or country) Italy

PARENTS
10 NAME OF FATHER Russo
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Felix Vergona
(Address) 540 Summer St. E.B.

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1918

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1918, to Sept 9, 1918, that I last saw him alive on Sept 9, 1918, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) John A. Dickey, M.D.
9/10, 1918 (Address) 144 Vandoorn St.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St Michael's — DATE OF BURIAL: Sept 12 1918

20 UNDERTAKER: M. J. Kelly — ADDRESS: 11 Meridian St.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No., St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Leo Klein
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 243 Shirley St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: W.
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 3 Months 2 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Chelsea
(State or country)

PARENTS
10 NAME OF FATHER Joseph M. Klein
11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)
12 MAIDEN NAME OF MOTHER Bessie Francis
13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Samuel Klein
(Address) 166 Haven St E Boston

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 11th, 1918, to Sept 11th, 1918.
that I last saw him alive on Sept. 11th, 1918
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) acute interstitial obstruction
fecal hardening (duration) yrs. mos. 2 ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Mitchell Green, M.D.
, 19 (Address) 26 Princeton St EB

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Woburn Ohel Jacob — DATE OF BURIAL: Sep 12 1918
20 UNDERTAKER: Jacob Stanetsky — ADDRESS

NOTE: PLEASE, WITH INDELIBLE INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County: Suffolk State: Mass Registered No.

Township: Winthrop or Village: or

City: No. Winthrop Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Adele Howell

(a) Residence. No. 105 Grove ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 14 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Honolulu

PARENTS

10 NAME OF FATHER: James F. Howell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Keokuk Iowa

12 MAIDEN NAME OF MOTHER: Adele C Nedd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Honolulu

14 Informant: C R Brennan

(Address): Winthrop Mass

15 Filed ....., 19 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1918, to Sept. 11, 1918.

that I last saw her alive on Sept 11, 1918.

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

Rt. upper Lobe.

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Signs

(Signed) Gilman L. Chase M.D., M.D.

Sept. 12, 1918. (Address) Fort Banks. Winthrop Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: Sept 14 1918

20 UNDERTAKER: C R Brennan

ADDRESS: Winthrop

... carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF **BOSTON**

FULL NAME WILLIAM B.WELTON

Registered No. 8926

Place of Death and Residence: Boston CONSUMPTIVES HOSPT.

Date of Death SEPT.11 1918, Age 38 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father JOHN F.WELTON

Birthplace of Father BOSTON

Maiden Name of Mother ELEANOR BURKE

Birthplace of Mother -----

Occupation LABORER

Informant

Place of Burial or removal MALDEN(HOLY CROSS)

Undertaker R.C.KIRBY

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) PULMONARY TUBERCULOSIS

Contributory: (Duration)

(Signed) F.H.HUNT M.D

SEPT.11 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.1 MO.+

Usual Residence WINTHROP(25 NORTH AVE)

Filed SEPT.16 1918.

A true copy. Attest: E.W.M.Glenen

Registrar.

Filed Dec. 18, 1918

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

Sept. 11, 1918

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County: Post Hospital

Township or Village or City: Fort Banks, Winthrop, Mass.

(No. ____, ____ St.; ____ Ward)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of: Massachusetts

Registered No. ____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME: John Fred Neubauer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: August 29, 1888 (Month) (Day) (Year)

7 AGE: 30 yrs. ____ mos. 14 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Army

9 BIRTHPLACE (State or country): Clinton, Mass.

PARENTS

10 NAME OF FATHER: John

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Augusta Hillner

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) [illegible]

(Address) [illegible]

15

Filed ____, 191__

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September 12, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1918, to Sept 12, 1918, that I last saw him alive on Sept 11 - 10 PM, 1918, and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia right side

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) ____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) A. L. Stanwood M.C., M. D.

Sept 12, 1918 (Address) Fort Banks

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. 5 ds. In the State 30 yrs. ____ mos. 14 ds.

Where was disease contracted, if not at place of death? Franklin Union, Boston, Mass.

Former or usual residence: Webster, Mass.

19 PLACE OF BURIAL OR REMOVAL: [illegible]

DATE OF BURIAL: [illegible] 15, 191__

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

11—3184

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septicaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
Winthrop (No 156, Washington Ave St.; ; Ward)

2 FULL NAME Minnie O. Wright
[If married or divorced woman or widow give maiden name, also name of husband.] Wasson — Albert E.

a RESIDENCE 156 Washington Ave Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov (Month) 27 (Day), 1870 (Year)

7 AGE: 47 yrs. 9 mos. 15 ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Paxton Mass

PARENTS

10 NAME OF FATHER: George Wasson

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert E. Wright
(Address) 156 Washington Ave

15 Filed ..., 191..
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept. (Month) 12. (Day), 1918. (Year)

17 I HEREBY CERTIFY that I attended deceased from March 1, 1918, to Sept. 12, 1918, that I last saw her alive on Sept. 12, 1918, and that death occurred, on the date stated above, at 10-45 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(Duration) 2 yr (?) mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) H. L. Porter, M.D.
Sep. 13, 1918 (Address) Winthrop,

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn
DATE OF BURIAL: Sept 15, 1918

20 UNDERTAKER: E. G. Brown & Son
ADDRESS: East Boston

Sept. 12, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 7-'17. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township or Village or
City Winthrop No. 10, Orlando Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice J. Briggs

(a) Residence. No. 10 Orlando Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 10 years about months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John S. Briggs

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Woodstock
(State or country) Mich

PARENTS
10 NAME OF FATHER Isaac Swantout
11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. Y.
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant John S. Briggs
(Address) 10 Orlando Ave.

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12. 1918.

17 **I HEREBY CERTIFY,** That I attended deceased from July 15, 1918, to Sept. 12, 1918.
that I last saw h~~er~~ alive on Sep. 11, 1918.
and that death occurred, on the date stated above, at 11 a. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. ds.

CONTRIBUTORY Arteriosclerosis
(SECONDARY) Indef. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——
Did an operation precede death? No. Date of ——
Was there an autopsy? No.
What test confirmed diagnosis? General
(Signed) M. L. Porter, M.D.
Sep. 14, 1918 (Address) Winthrop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodstock Mich
DATE OF BURIAL 9-16 1918

20 UNDERTAKER W. E. Skaggs
ADDRESS Winthrop

...ERS, ... SURROUND THE ... THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County Suffolk State Mass Registered No.

Township Winthrop or Village or

City No. 16 Willow ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louis Eugene Shorley

(a) Residence. No. 16 Willow ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widower

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 19-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Cigar Mfg.

(c) Name of employer

9 BIRTHPLACE (city or town) Charlestown (State or country) Mass

PARENTS

10 NAME OF FATHER Leopole Shorley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisen Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charlestown Mass

14 Informant Stanley C. Wyman (Address) 16 Willow ave

15 Filed , 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13 1918

17 I HEREBY CERTIFY, That I attended deceased from June, 1918, to Sept 12th, 1918.

that I last saw him alive on Sept. 12, 1918.

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

acute nephritis

(duration) 2 yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Diabetes mellitus

Gangrene of leg.

(duration) 1/2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James J. Hepburn, M.D.

9/14/1918 (Address) 156 Boylston Street Boston

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Mass

DATE OF BURIAL Sept 15th 1918

20 UNDERTAKER Chas. R. Penman

ADDRESS

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township or Village or
City Winthrop No. 257, Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma L. Wood

(a) Residence. No. 257 Winthrop St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 30 years 6 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~John~~ Geo. H. Wood

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Duxbury
(State or country) Mass

PARENTS
10 NAME OF FATHER John Hadsworth
11 BIRTHPLACE OF FATHER (city or town) Duxbury
(State or country) Mass.
12 MAIDEN NAME OF MOTHER Catherine Hosse
13 BIRTHPLACE OF MOTHER (city or town) Duxbury
(State or country) Mass

14 Informant George Howard Wood
(Address) 257 Winthrop St.

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 13 1918.

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1918, to Sep. 13, 1918, that I last saw her alive on Sep. 13, 1918, and that death occurred, on the date stated above, at 11 a. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhages.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Arteri-sclerosis

Indef. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) W. F. Parker, M.D.
Sep. 19 18 (Address) Winthrop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Duxbury Mass — DATE OF BURIAL 9-1, 19 18

20 UNDERTAKER W. P. Sharpe — ADDRESS Winthrop

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township or Village or
City Winthrop No. 24, Quincy Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Ambrose Kelly.
(a) Residence. No. Winthrop 24 Quincy Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 15 years months 26 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 8-17-03.

7 AGE: Years 15 | Months — | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At School
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Brighton
(State or country): Mass

PARENTS
10 NAME OF FATHER: John H. Kelly
11 BIRTHPLACE OF FATHER (city or town): Brighton
(State or country): Mass
12 MAIDEN NAME OF MOTHER: Mary Chenen
13 BIRTHPLACE OF MOTHER (city or town): New York city
(State or country): N.Y.

14 Informant: John H. Kelly
(Address): 24 Quincy Ave.

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 3 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1918, to Sept 3, 19; that I last saw him alive on Sept 3, 19; and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) [illegible], M.D.
Sept 3, 19 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Paul's Cem. Arlington
DATE OF BURIAL: 9-16-1918

20 UNDERTAKER: Muldoon
ADDRESS: Brighton

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

[5-'17-XXM]

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 26 Wave Way Ave. St.) (Ward)

[2] FULL NAME Still Born — Becker
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 26 Wave Way Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Female

[4] COLOR OR RACE W.

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write the word*) Single

[6] DATE OF BIRTH Sept 14 (Month) (Day), 1918 (Year)

[7] AGE X yrs. X mos. X ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Winthrop, Mass.

PARENTS

[10] NAME OF FATHER Adolph Becker

[11] BIRTHPLACE OF FATHER (State or country) Austria

[12] MAIDEN NAME OF MOTHER Annie Briefer

[13] BIRTHPLACE OF MOTHER (State or country) Austria

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Father
(Address) 26 Wave Way Ave.

[15] Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Sept. (Month) 14 (Day), 1918 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Sept. 14, 1918, to Sept 14, 1918, that I last saw her ~~alive on~~ Sept. 14, 1918, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Still Born

Did a surgical operation precede death? no Date

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) George Colton Moore, M.D.
Sept. 15, 1918 (Address) 496 Mass. Ave. Boston Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Cem. Woburn, Betty Joseph

DATE OF BURIAL Sept 15th 1918

[20] UNDERTAKER Jacob Stametsky

ADDRESS Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Sept 14, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 1-'17. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH
Winthrop (No. 98, Somerset Ave. St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME John Richardson
[If married or divorced woman or widow give maiden name, also name of husband.]
[a] RESIDENCE 98 Somerset Ave. Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M
[4] COLOR OR RACE: W
[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

[6] DATE OF BIRTH: (Month) (Day) 1830 (Year)

[7] AGE: 88 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Butler
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): England

PARENTS
[10] NAME OF FATHER: John A. Richardson
[11] BIRTHPLACE OF FATHER (State or country): England
[12] MAIDEN NAME OF MOTHER: Unknown
[13] BIRTHPLACE OF MOTHER (State or country): England

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. John Richardson
(Address) 98 Somerset Ave.

[15] Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: 5-30-A.M. (Month) 9 (Day) 17, 1918 (Year)

I HEREBY CERTIFY that I attended deceased from May, 1918, to Sept 17, 1918, that I last saw him alive on Sept 16, 1918, and that death occurred, on the date stated above, at 5-30 m.

The CAUSE OF DEATH* was as follows:
Septicemia following Chronic Cystitis

(Duration) X yrs. 2 mos. X ds.

Contributory (SECONDARY) Arteria sclerosis
(Duration) — yrs. — mos. — ds.

(Signed) Orville E. Johnson, M.D.
Sept 17, 1918 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cem.
DATE OF BURIAL: 9-19-, 1918

[20] UNDERTAKER: W. C. Skaggs
ADDRESS: Winthrop

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 63 Bucanan St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Lavoie

(a) Residence. No. 63 Bucanan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country) Mass.

PARENTS
10 NAME OF FATHER Edward Lavoie
11 BIRTHPLACE OF FATHER (city or town) Winthrop
(State or country) Mass
12 MAIDEN NAME OF MOTHER Rose Lucier
13 BIRTHPLACE OF MOTHER (city or town) Haverhill
(State or country) Mass

14 Informant Edward Lavoie
(Address) 63 Bucanan St

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1918

17 I HEREBY CERTIFY, That I attended deceased from , 19, to Sept 17, 1918.
that I last saw her alive on Sept 17, 1918.
and that death occurred, on the date stated above, at 6 P.M. m.
The CAUSE OF DEATH* was as follows:
Prematurebirth
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Horace J. Soule, M.D.
9/17, 1918 (Address) 180 Winthrop St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Archadia Cemetery
DATE OF BURIAL Sept 18 1918

20 UNDERTAKER John F. O'Malley
ADDRESS Winthrop

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

of Robert G. Mitchell, I think I omitted these facts;

Length of residence in city or town where death occurred

1 year. 1 mo. 4 days.

How long in U.S. if foreign birth.

50 years.

Respectfully,

Edith L. Smith.

Ass't Town Clerk.

THIS SIDE OF CARD IS FOR ADDRESS ONLY

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Lunenburg. (City or town)

1 PLACE OF DEATH

County Worcester. State Mass. Registered No. 25.

Township Lunenburg. or Village ..... or

City ..... No. ....., ... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert G. Mitchell.

(a) Residence. No. 53 Park Ave., St., Ward. Winthrop, Mass.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 years 1 months 4 days. How long in U. S., if of foreign birth? 50 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Watkeys Mitchell.

6 DATE OF BIRTH (month, day, and year) October 23, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chief Clerk of New York, New Haven R. R.

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad.

(c) Name of employer New York, New Haven R. R.

9 BIRTHPLACE (city or town) Scotland. (State or country)

PARENTS

10 NAME OF FATHER William Mitchell.

11 BIRTHPLACE OF FATHER (city or town) Scotland. (State or country)

12 MAIDEN NAME OF MOTHER Anne Palmer.

13 BIRTHPLACE OF MOTHER (city or town) Scotland. (State or country)

14 Informant Mrs. R. G. Mitchell.

(Address) 53 Park Av., Winthrop, Mass.

15 Filed Sept. 18, 1918. Edith L. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16, 1918.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1918, to Sept. 15, 1918.

that I last saw him alive on Sept. 15, 1918.

and that death occurred, on the date stated above, at 5.10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical exam. & sputa

(Signed) Robert A. Rice., M.D.

, 19 (Address) 12 Prichard St. Fitchburg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Boston, Mass. DATE OF ~~BURIAL~~ Removal. Sept. 16, 1918

20 UNDERTAKER H. L. Sawyer, & Co. ADDRESS Fitchburg. Mass.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 20,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH County Middlesex State Mass. Registered No.

Township ..... or Village ..... or

City Winthrop No. 87 - Rear Park Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Grand E. Ross

(a) Residence. No. 42 Highland Ave St., Ward 3 Somerville

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Mal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Hannaford

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1863.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Portland (State or country) Maine

PARENTS

10 NAME OF FATHER John Ross

11 BIRTHPLACE OF FATHER (city or town) Portland (State or country) Maine

12 MAIDEN NAME OF MOTHER Luella Moody

13 BIRTHPLACE OF MOTHER (city or town) Portland (State or country) Maine

14 Informant Mrs Lizzie Ross (Address) 42 Highland Ave Somerville

15 Filed ....., 19 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 18, 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1918, to Sept. 18, 1918.

that I last saw him alive on Sept. 17, 1918.

and that death occurred, on the date stated above, at 4.40 a.m.

The CAUSE OF DEATH* was as follows:

Spanish Influenza & Pneumonia Catarrhal bronchial

..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Doing business in Boston

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Dr. E. A. Locke Boston

(Signed) Alphenus H. Carvell, M.D.

, 19 (Address) 248 Highland Ave. Somerville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Wyoming Cem., Melrose ~~Fresh Pond Cem. Roxbury~~ DATE OF BURIAL Sept 20 1918

20 UNDERTAKER W. T. Gill ADDRESS Somerville

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 10 Vine Ave. St.; Ward) (City or town.) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Victor W. Nelsson
[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 10 Vine Ave. Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX M

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

[6] DATE OF BIRTH 6 (Month) 9 (Day) 1886 (Year)

[7] AGE 32 yrs. 3 mos. 9 ds. If LESS than 1 day hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) E. Boston

PARENTS

[10] NAME OF FATHER Sven Nelsson

[11] BIRTHPLACE OF FATHER (State or country) Sweden

[12] MAIDEN NAME OF MOTHER Jennie S. Carlson

[13] BIRTHPLACE OF MOTHER (State or country) Sweden

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jennie S. Carlson
(Address) 10 Vine Ave.

[15] Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Sept. (Month) 18 (Day), 1918 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Sept. 10, 1918, to Sept 18, 1918, that I last saw h. alive on Sept. 17, 1918, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

Contributory (SECONDARY) Influenza

(Duration) yrs. mos. 4 ds.

(Signed) E. E. Bowen M.D.

Sept. 19, 1918 (Address) East Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cemt. DATE OF BURIAL 9-21, 1918

[20] UNDERTAKER W. C. Skaggs ADDRESS Winthrop

Sept. 18, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Massachusetts

Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

County: Post Hospital

Township or Village or City: Fort Banks / Winthrop / Mass

(No. _____, _____ St.; _____ Ward)

2 FULL NAME: Harvey Ada

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: _____ (Month) _____ (Day), 1894 (Year)

7 AGE: 24 yrs. _____ mos. _____ ds.

If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): U S Army

9 BIRTHPLACE (State or country): Darke Co. Ohio

PARENTS

10 NAME OF FATHER: Henry Ada

11 BIRTHPLACE OF FATHER (State or country): Montgomery Co Ohio

12 MAIDEN NAME OF MOTHER: Sarah Baker

13 BIRTHPLACE OF MOTHER (State or country): Darke Co Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Capt. Hodgkins

(Address): Fort Banks Post Hospital

15

Filed _____ 191____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September (Month) 19 (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1918, to Sept 19, 1918, that I last saw him alive on Sept 19, 1918, and that death occurred, on the date stated above, at 12 34 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.
Right Middle Lobe.

(Duration) _____ yrs. _____ mos. 3 ds.

Contributory (SECONDARY): Influenza.

(Duration) _____ yrs. _____ mos. 5 ds.

(Signed): Gilman C. Chase, M. D.

Sept 20, 1918. (Address): Ft. Banks. Mass

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. 7 ds.

Where was disease contracted, if not at place of death? Hospital

Former or usual residence: Hospital

19 PLACE OF BURIAL OR REMOVAL: Cincinnati Ohio

DATE OF BURIAL: Sept 23, 1918

20 UNDERTAKER: C R Penman

ADDRESS: Winthrop Mass

11—3184

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~ (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

Township Winthrop. or Village or

City ~~BOSTON~~ No. 36 Temple Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George M. Stevens.

(a) Residence. No. 36 Temple Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Feb 2 1875.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Westboro Mass.
(State or country)

PARENTS

10 NAME OF FATHER William H. Stevens.

11 BIRTHPLACE OF FATHER (city or town) W. Newbury Mass
(State or country)

12 MAIDEN NAME OF MOTHER Annie L. Burne.

13 BIRTHPLACE OF MOTHER (city or town) Salem Mass.
(State or country)

14 Informant Mrs. Stevens.
(Address)

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 19. 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept. 13., 1918, to Sept. 19, 1918.

that I last saw he was alive on Sept. 18., 1918.

and that death occurred, on the date stated above, at 3-45 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Interstitial nephritis (chron)

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no FOR WHAT?

What test confirmed diagnosis? General

(Signed) H. J. Porter, M.D.

9/19, 1918 (Address) Winthrop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hills. DATE OF BURIAL Sept 21 1918

20 UNDERTAKER J. B. Waterman & Son ADDRESS Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County: Suffolk State: Massachusetts Registered No.

Township: Winthrop or Village: or

City: No. 49, Lowell Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bessie Munroe Henderson

(a) Residence. No. 49 Lowell Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Robert Henderson

6 DATE OF BIRTH (month, day, and year) Nov. 21-1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Boston

(State or country) Massachusetts

PARENTS

10 NAME OF FATHER William Munroe

11 BIRTHPLACE OF FATHER (city or town) Charlestown

(State or country) Massachusetts

12 MAIDEN NAME OF MOTHER Hattie F. Rogers

13 BIRTHPLACE OF MOTHER (city or town) Charlestown

(State or country) Massachusetts

14 Informant George R. Henderson

(Address) 49 Lowell Rd. Winthrop

15 Filed ....., 19 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 20, 1918.

17 I HEREBY CERTIFY, That I attended deceased from Sep. 11, 1918, to Sep. 20, 1918.

that I last saw her alive on Sep. 19, 1918.

and that death occurred, on the date stated above, at 1-30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. F. Porter, M.D.

Sep 20, 1918 (Address) Winthrop, Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Hope

DATE OF BURIAL: Sept. 22 1918

20 UNDERTAKER: Chas. R. Bennison

ADDRESS: Winthrop Mass

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 58 Birch Road St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Russell W. Seibert

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 58 Birch Road Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: M

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

[6] DATE OF BIRTH: 4 (Month) 21 (Day), 1918 (Year)

[7] AGE: 16 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: At School

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Somerville Mass

PARENTS

[10] NAME OF FATHER: Arthur M. Seibert

[11] BIRTHPLACE OF FATHER (State or country): Canton Ohio

[12] MAIDEN NAME OF MOTHER: Carrie F. Hall.

[13] BIRTHPLACE OF MOTHER (State or country): Dorchester Mass

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Arthur M. Seibert

(Address): 58 Birch Road

[15] Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Sept. (Month) 20 (Day), 1918 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Sep. 17, 1918, to Sep. 21, 1918, that I last saw he alive on Sep. 20, 1918; and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY) Influenza

(Duration) yrs. mos. 2 ds.

(Signed) W. J. Porter, M.D.

9/21, 1918 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cem.

DATE OF BURIAL: 9-22, 1918

[20] UNDERTAKER: W. C. Skaggs

ADDRESS: Winthrop

Sept. 20, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 267 Boudoin St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Ozias E. Bartlett

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 267 Boudoin St Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX M

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed

[6] DATE OF BIRTH 1 (Month) 28 (Day), 1836 (Year)

[7] AGE 88 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work R.R. Mail Service

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Harmony, Me.

PARENTS

[10] NAME OF FATHER Ozias Bartlett

[11] BIRTHPLACE OF FATHER (State or country) Me

[12] MAIDEN NAME OF MOTHER Hannah Emerson

[13] BIRTHPLACE OF MOTHER (State or country) Me.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harold C. Bartlett

(Address) 267 Boudoin St

[15] Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Sept. 20 (Month) (Day), 1918 (Year)

[17] I HEREBY CERTIFY that I attended deceased from September 16, 1918, to Sept 20, 1918, that I last saw him alive on Sept 20, 1918, and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Arteriosclerotic Kidney

Hypertrophy & dilatation of heart

(Duration) several yrs. mos. ds.

Contributory (SECONDARY) Fall on stairs

(Duration) yrs. mos. ds.

(Signed) Horace J. Soule, M.D.

Sept 21, 1918 (Address) Winthrop, Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cem. DATE OF BURIAL 9-22, 1918

[20] UNDERTAKER W. C. Skaggs ADDRESS Winthrop

Sept. 20, 1910

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF **BOSTON**

FULL NAME LUTHER D.HODGKINS

Registered No. 9482

Place of Death and Residence: Boston MC CREIGHT SANATORIUM

Date of Death SEPT.20 1918, Age 80 years 1 months 29 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace GLOUCESTER

Name of Father AARON HODGKINS

Birthplace of Father -----

Maiden Name of Mother -----

Birthplace of Mother -----

Occupation ENGINEER(RETIRED)

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) MYOCARDIAL INSUFFICIENCY - 6 MONTHS

Contributory: (Duration) ARTERIO-SCLEROSIS

(Signed) S.F.CURRAN M.D.

1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal GLOUCESTER(RIVERDALE CEM)

Usual Residence WINTHROP(57 EMERSON ROAD)

Undertaker G.M.ALLEN

Filed SEPT.25 1918.

A true copy. Attest: E W M Glenen

Registrar.

Filed Dec. 18, 1918

Sept. 20, 1915

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Cambridge Mass. (City or town)

1 PLACE OF DEATH

County ..... State ..... Registered No. .....

Township ..... or Village ..... or

City [illegible] No. 18, Crescent St., X Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick Borrello

(a) Residence. No. 18 Crescent St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... years ..... months ..... days. How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34			

8 OCCUPATION OF DECEASED

(a) Trade, professioo, or particular kind of work Barber

(b) Geoeral oature of industry, busioess, or establishment io which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Italy (State or country)

PARENTS

10 NAME OF FATHER John Borello

11 BIRTHPLACE OF FATHER (city or town) Italy (State or country)

12 MAIDEN NAME OF MOTHER Jessie Crowe

13 BIRTHPLACE OF MOTHER (city or town) Italy (State or country)

14 Informant [illegible] (Address)

15 Filed ....., 19 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1918, to Sept 22, 1918, that I last saw him alive on Sept 22, 1918, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Influenza

..... (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Charles [illegible], M.D.

Sept 22, 1918 (Address) 356 Cambridge St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross, Malden

DATE OF BURIAL Sept. 24 1918

20 UNDERTAKER Timothy Danehy

ADDRESS Cambridge

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME H.BERTRAM NICKERSON

Registered No. 9714

Place of Death and Residence: Boston GALLOPS ISLAND

Date of Death SEPT.22 1918, Age 29 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace BROCKTON

Name of Father HENRY B.NICKERSON

Birthplace of Father SO.HARWICH

Maiden Name of Mother MARY E.SEARS

Birthplace of Mother BREWSTER

Occupation U.S.MERCHANT MARINE

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) INFLUENZA & LOBAR PNEUMONIA

Contributory: (Duration)

(Signed) H.S.MATHEWSON M.D.

SEPT.23 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Place of Burial or removal WINTHROP(WINTHROP CEM)

Undertaker W.C.SKAGGS WINTHROP

Usual Residence WINTHROP(41 BELCHER ST)

Filed SEPT.26 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

Filed Dec. 18, 1918

Sept. 22, 1918

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
Township Winthrop Pratt St or Village or
City BOSTON No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Norman Frederick Bartsch

(a) Residence. No. Pratt St St. Ward.
(Usual place of abode) 46 Hersey St, Roslindale (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 28. 1910

7 AGE: Years 7 | Months 8 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Roslindale (State or country) Mass

PARENTS
10 NAME OF FATHER Rudolf Bartsch
11 BIRTHPLACE OF FATHER (city or town) Cambridge (State or country) Mass
12 MAIDEN NAME OF MOTHER Florence E Walsh
13 BIRTHPLACE OF MOTHER (city or town) Roxbury (State or country) Mass

14 Informant Rudolf Bartsch
(Address) 46 Hersey St Roslindale

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 22 1918.

17 I HEREBY CERTIFY, That I attended deceased from Sep. 22. 1918, to Sep. 23, 1918.
that I last saw he alive on Sep. 23. 1918.
and that death occurred, on the date stated above, at 5-20 P. m.
The CAUSE OF DEATH* was as follows:

Diabetes
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no. Date of
FOR WHAT?
Was there an autopsy? no.
What test confirmed diagnosis? clinical
(Signed) W. F. Pope, M.D.
Sep 24 1918 (Address) Winthrop, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hills — DATE OF BURIAL: 9/26 1918
20 UNDERTAKER: Waldo J Stokes — ADDRESS: West Roxb

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 20 Harvard St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Anne Lyn Rock
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 20 Harvard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Rock.

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE Years 69 Months Days If LESS than 1 day, hrs. or mio.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Montreal
(State or country) Canada

PARENTS
10 NAME OF FATHER Edward Lyn
11 BIRTHPLACE OF FATHER (city or town) Montreal
(State or country) Canada
12 MAIDEN NAME OF MOTHER Charlotte Wood
13 BIRTHPLACE OF MOTHER (city or town) Stanstead
(State or country) Canada

14 Informant Mrs. Ida Irving
(Address) 30 Harvard St.

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19

17 I HEREBY CERTIFY, That I attended deceased from June, 19, to Sept 19.
that I last saw her alive on , 19.
and that death occurred, on the date stated above, at 9 m.
The CAUSE OF DEATH* was as follows:
Uremia
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) , M.D.
, 19 (Address)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden
DATE OF BURIAL Sept 30 1918

20 UNDERTAKER John H. E. Maby
ADDRESS Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City #2 No. Ocean View Extension St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Augustus S. Morris

(a) Residence. No. 2 Ocean View Extension St., Ward 2
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 52 years X months X days. X How long in U. S., if of foreign birth? X years X months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years 52 Months X Days X If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Teamster
(b) General nature of industry, business, or establishment in which employed (or employer) Coal (Mass Coal Co)
(c) Name of employer

9 BIRTHPLACE (city or town) Camden
(State or country) N. J.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) " "
(State or country) " "
12 MAIDEN NAME OF MOTHER " "
13 BIRTHPLACE OF MOTHER (city or town) " "
(State or country)

14 Informant Edward R. Belcher
(Address) Atlantic St. Winthrop

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 23, 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 19th, 1918, to Sept 23, 1918.
that I last saw him alive on Sept 23d, 1918.
and that death occurred, on the date stated above, at Winthrop.
The CAUSE OF DEATH* was as follows:
Influenza

Unknown (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pneumonia (Broncho)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Horace J. Soule, M.D.
9/25/1918 (Address) Winthrop, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION, OR REMOVAL Winthrop Cemetery
DATE OF BURIAL Sept 26 1918

20 UNDERTAKER C. R. Benson
ADDRESS Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township or Village or
City Winthrop No. 35 Somerset Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel M. Larkin
(a) Residence. No. 35 Somerset Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Countenway Frances E. Larkin

6 DATE OF BIRTH (month, day, and year) Oct. 27, 1885

7 AGE: Years 32 Months 11 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Public U. S.

PARENTS
10 NAME OF FATHER Nehemiah Larkin
11 BIRTHPLACE OF FATHER (city or town) (State or country): Public U. S.
12 MAIDEN NAME OF MOTHER Annie Bly
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Nova Scotia U. S.

14 Informant Osmond Larkin
(Address) 335 Meridian St. E. Bost.

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-24- 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1918, to Sept 24, 1918, that I last saw him alive on Sept 25, 1918, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:
Pneumonia. (Lobar)

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Winthrop
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) Frances E. Zk, M.D.
9/24 1918 (Address) Stoneham Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Lower East Bulbec N. S.
DATE OF BURIAL 9-29- 1918

20 UNDERTAKER W. J. Skaggs
ADDRESS Winthrop

MARGIN RESERVED FOR BINDING

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Former* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH County Suffolk State Mass Registered No.

Township Winthrop or Village — or

City — No. Melcalt, Fosf St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gilbert Fowler Dilmars

(a) Residence. No. Winthrop Yacht Club St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): April 21 – 67.

7 AGE: Years 51 Months 5 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Wholesale Grocery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Clements Port N.S.

PARENTS

10 NAME OF FATHER: Chas Dilmars

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. S.

12 MAIDEN NAME OF MOTHER: Laura Leslie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. S.

14 Informant: Robert. Dilmars

(Address) 91 Causeway St Boston

15 Filed ....., 19 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 1st, 1918.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1918, to Sept. 1st, 1918, that I last saw him alive on Sept. 1st, 1918, and that death occurred, on the date stated above, at 6:00 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? 0

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? 0

(Signed) [illegible] M.D.

9.26. 19 18 (Address) 5 – Irving St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Clements Port N. S.

DATE OF BURIAL: Sept 28th 1918

20 UNDERTAKER: E. R. Benson.

ADDRESS: Winthrop Mass

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 33, Pleasant Park Road, ~~St.~~, X Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carl. Williams Tykeson

(a) Residence. No. 33 Pleasant Pk Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 21 - 1877

7 AGE: Years 41 | Months 5 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ammunition
(b) General nature of industry, business, or establishment in which employed (or employer): Factory
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Sweden

PARENTS
10 NAME OF FATHER: Anders Tykeson
11 BIRTHPLACE OF FATHER (city or town) (State or country): Sweden
12 MAIDEN NAME OF MOTHER: Johanna Truedson
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sweden

14 Informant: C. R. Bennum
(Address): Winthrop

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 24 1918.

17 I HEREBY CERTIFY, That I attended deceased from Sep. 23, 1918, to Sep. 24, 1918, that I last saw him alive on Sep. 24, 1918, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Influenza
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia
(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical.

(Signed) M. J. Porter, M.D.
9/25 1918 (Address) Winthrop.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Cemetery
DATE OF BURIAL: Sep 26 1918

20 UNDERTAKER: C. R. Bennum
ADDRESS: Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 49 Pagamore Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose Hemmel
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 49 Pagamore Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE W.
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Hemmel

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE 24 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED House Wife
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Boston Mass
(State or country)

PARENTS
10 NAME OF FATHER Edward Rimer
11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)
12 MAIDEN NAME OF MOTHER Sarah Bower
13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Father E. Rimer
(Address) 71 Border St E. Boston

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1918, to Sept 24th, 1918.
that I last saw her alive on Sept 24th, 1918.
and that death occurred, on the date stated above, at 6.15 p.m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Pneumococcus in sputum

(Signed) Mitchell Lyons M.D.
9/25, 1918 (Address) 20 Primrose St

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woburn Chel Jacob — DATE OF BURIAL Sep 25 1918

20 UNDERTAKER Jacob Stanetsky — ADDRESS Boston

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County: Suffolk State: Massachusetts Registered No.

Township: Winthrop or Village: or

City: ~~BOSTON~~ No. 5, Irwin St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph E. Bonner

(a) Residence. No. 5 Irwin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Credit manager

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland (State or country)

PARENTS

10 NAME OF FATHER James Bonner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Canavan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John J. Holland
(Address) 5 Irwin St

15 Filed, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27, 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1918, to Sept. 27, 1918, that I last saw him alive on Sept. 27, 1918, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
La Grippe (Influenza)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Bronchial Pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? 0

Did an operation precede death? No Date of 0

Was there an autopsy? FOR WHAT? no

What test confirmed diagnosis? 0

(Signed) H. B. Leonard, M.D.

9/25, 1918 (Address) 5 Irwin St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Calvary — DATE OF BURIAL: Sept 28, 1918

20 UNDERTAKER: John T. Kearn — ADDRESS: 2494 Tremont St. Bos.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15 2-'18 100,000

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Massachusetts

Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

County Post Hospital

Township or Village Fort Banks

City Winthrop Mass. (No. Post Hospital Ft Banks St., Mass. ~~Ward~~)

2 FULL NAME Nathan Bazol

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: September 23, 1895 (Month) (Day) (Year)

7 AGE: 23 yrs. — mos. 2 ds. If LESS than 1 day, ? hrs. or ? min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Army

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Aaron L. Bazol

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rachael Erlia

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Aaron L. Bazol
(Address) 13 Spring St. Boston

15
Filed _____, 191_____
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September 24, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1918, to Sept 24, 1918, that I last saw him alive on Sept. 24, 1918, and that death occurred, on the date stated above, at 8.15 a.m.

The CAUSE OF DEATH* was as follows:

Influenza

Broncho Pneumonia

(Duration) _____ yrs. _____ mos. 4 ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) E. B. Hodgkins, M. D.
Apr. 24, 1919 Capt. MC. (Address) Fort Banks, Mass

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL: Wall St. Cem. Montvale Mass.
DATE OF BURIAL: Sept. 25, 1918

20 UNDERTAKER: E. R. Benner
ADDRESS: Worcester

11—3184

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

Township 64 Prospect Ave or Village or

City BOSTON No. , St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Joyce

(a) Residence. No. 532 S. 4th St., 10 Ward. S. Boston

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, ~~MARRIED, WIDOWED,~~ OR ~~DIVORCED~~ (*write* the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE Years 23 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Boston

(State or country)

PARENTS

10 NAME OF FATHER Michael

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Mary J. Boucher

13 BIRTHPLACE OF MOTHER (city or town) Eng.

(State or country)

14 Informant

(Address)

15 Filed , 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1918, to Sept. 25, 1918

that I last saw h. alive on Sept 24, 1918.

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? FOR WHAT?

What test confirmed diagnosis? No

(Signed) P. Dwyer, M.D.

, 19 (Address) 542 Broadway

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross

DATE OF BURIAL 9/28 1918

20 UNDERTAKER J. J. Sullivan

ADDRESS So. Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township or Village or
City Winthrop No. 46 Jewksbury St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Miriam Ruth Yaffe
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 46 Jewksbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE W.
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 1917

7 AGE Years 1 Months 5 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Willing W. Va.
(State or country)

PARENTS
10 NAME OF FATHER Frank J. Yaffe
11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)
12 MAIDEN NAME OF MOTHER Rose Kozit
13 BIRTHPLACE OF MOTHER (city or town) Phil Penn
(State or country)

14 Informant Mr. Kozit
(Address) 21 Queen St. Dor.

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1918, to Sept 25, 1918.
that I last saw her alive on Sept. 25, 1918.
and that death occurred, on the date stated above, at 12.05 A. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(Influenza)
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Myocarditis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? On place of dec'd
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Eli Friedman, M.D.
19 (Address) 86 Bay State Rd

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Cem. Woburn, Kennedy Street
DATE OF BURIAL Sept 26 1918
20 UNDERTAKER Jacob Stanetsky
ADDRESS Boston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
Township Winthrop, Mass. or Village or
City BOSTON No. 173, Shirley St., Ward
(If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Alice Holey
(a) Residence. No. 173 Shirley St., St., Ward. Winthrop Mass.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F
4 COLOR OR RACE Wt.
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Timothy

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE Years 44 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Ireland
(State or country)

PARENTS
10 NAME OF FATHER George
11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)
12 MAIDEN NAME OF MOTHER Mary Richardson
13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Mr Timothy Holey
(Address) 173 Shirley St Winthrop

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26. 1918.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 25., 1918, to Sept. 26, 1918.
that I last saw her alive on Sept. 25, 1918.
and that death occurred, on the date stated above, at 10 a. m.
The CAUSE OF DEATH* was as follows:

Influenza
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Organic Heart Disease
Dropsy (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No. Date of
Was there an autopsy? No. FOR WHAT?
What test confirmed diagnosis? Clinical
(Signed) W. L. Porter, M.D.
Sept 26 1918 (Address) Winthrop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross — DATE OF BURIAL Sept 28 1918

20 UNDERTAKER R. E. Kirby — ADDRESS E. Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R. 15. 2-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 12, Oakland St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Leah T. Mitchell

[If married or divorced woman or widow give maiden name, also name of husband.] Barrett. Benj Mitchell

[a] RESIDENCE Winthrop - 12 Oakland

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F

[4] COLOR OR RACE Ethiopian

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

[6] DATE OF BIRTH ..., 1845 (Month) (Day) (Year)

[7] AGE 70 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country) New Garden, Va

PARENTS

[10] NAME OF FATHER John W. Barrett

[11] BIRTHPLACE OF FATHER (State or country) Unknown

[12] MAIDEN NAME OF MOTHER "

[13] BIRTHPLACE OF MOTHER (State or country) Va.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mitchell

(Address) 12 Oakland St

[15] Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH 9 (Month) 26 (Day), 1918 (Year)

[17] I HEREBY CERTIFY that I attended deceased from March 30, 1918, to Sept 25th, 1918, that I last saw her alive on Sept 25, 1918, and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertrophy & dilatation of heart

Unknown (Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) Endocarditis

Unknown (Duration) ... yrs. ... mos. ... ds.

(Signed) Horace J. Soule, M.D.

Sept 27th, 1918 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop

DATE OF BURIAL 9-29, 1918

[20] UNDERTAKER W. C. Skaggs

ADDRESS Winthrop

Sept. 26, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township or Village or
City Winthrop No. 6, Jefferson St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Geo. A. Boyer
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 6 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 23 1890

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	5	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Reamer
(b) General nature of industry, business, or establishment in which employed (or employer) Ship Yard
(c) Name of employer

9 BIRTHPLACE (city or town) Provincetown
(State or country) Mass

PARENTS
10 NAME OF FATHER Manuel F. Boyer
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Azores
12 MAIDEN NAME OF MOTHER Frances Rebella
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Azores

14 Informant John Boyer
(Address) 160 Thornton St. Revere

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1918, to Sept 26, 1918, that I last saw him alive on Sept 26, 1918, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Empyema.
Lu Influenza Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry [illegible], M.D.
9/27 1918 (Address) 100 Pleasant St.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem. DATE OF BURIAL 9-27 1918

20 UNDERTAKER F. H. Farrell ADDRESS Revere

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15 2-'18 100,000

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF **BOSTON**

FULL NAME MARION L.JONES

Registered No. 10265

Place of Death and Residence: Boston 10 AMHERST ST

Date of Death SEPT.26 1918, Age 34 years 8 months 21 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	S

Maiden Name

Husband's Name

Birthplace CAMBRIDGE

Name of Father GEORGE W.JONES

Birthplace of Father CINCINNATI.OHIO

Maiden Name of Mother ADELAIDE M.LUCY

Birthplace of Mother NEWBURYPORT

Occupation TELEPHONE OPR.

Informant

Place of Burial or removal CAMBRIDGE(MT.AUBURN CEM)

Undertaker D.FUDGE & SON

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) GRIPPE -LOBULAR PNEUMONIA -- 1 WEEK

Contributory: (Duration)

(Signed) A.L.ROOT M.D

1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP

Filed SEPT.30 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

Filed Dec. 18, 1918

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

Sept. 26, 1918

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. 132 Herman St., St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Marie Morgan
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 132 Herman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 11, 1884

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	11	16	

8 OCCUPATION OF DECEASED
(a) Trade, professioo, or particular kind of work Telephone Operator
(b) General nature of iodustry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country) Mass.

PARENTS
10 NAME OF FATHER William
11 BIRTHPLACE OF FATHER (city or town) England
(State or country)
12 MAIDEN NAME OF MOTHER Ellen Maloney
13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant William Morgan
(Address) Herman St.

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1918, to Sept 27, 1918
that I last saw h alive on Sept 27, 1918.
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Influenza
(duration) yrs. mos. ds.
CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [illegible], M.D.
9/28 1918 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Winthrop	Oct 1 1918
20 UNDERTAKER	ADDRESS
John F. O'Malley	Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH STRIPES AND THIS TO BE PRINTED RED

1 PLACE OF DEATH

County Post Hospital

Township Fort Banks
or
Village Winthrop
or
City Mass. (No. Post Hospital, Ft Banks, Mass. St., Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Reg. # 591984

STANDARD CERTIFICATE OF DEATH

State of Massachusetts

Registered No.

2 FULL NAME Claude Somers Foss

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: July (Month) 8th (Day), 1896 (Year)

7 AGE: 22 yrs. 2 mos. 18 ds.

If LESS than 1 day, ---- hrs. or ---- min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Army

9 BIRTHPLACE (State or country): Island Pond, Vermont

PARENTS

10 NAME OF FATHER: C. E. Foss

11 BIRTHPLACE OF FATHER (State or country): Island Pond Vermont

12 MAIDEN NAME OF MOTHER: Mary Elizabeth Stevens

13 BIRTHPLACE OF MOTHER (State or country): Sherbrook P.Q. Canada

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Claude S. Foss (Father)

(Address) Island Pond Vermont

15

Filed ..... 191....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September (Month) 27 (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1918, to Sept 27, 1918, that I last saw ~~him~~ alive on Sept 27, 1918, and that death occurred, on the date stated above, at 6.35 p.m.

The CAUSE OF DEATH* was as follows:

Influenza Acute
followed by Lobar
Pneumonia

(Duration) ---- yrs. ---- mos. ---- ds.

Contributory (SECONDARY)

(Duration) ---- yrs. ---- mos. ---- ds.

(Signed) A. L. Stimwood, M. D.

191.... (Address)

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ---- yrs. ---- mos. ---- ds. In the State ---- yrs. ---- mos. ---- ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Island Pond Cemetery Vt.

DATE OF BURIAL: Sept 30, 1918

20 UNDERTAKER: C R Bennett

ADDRESS: Winthrop Mass

11—3184

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

1 PLACE OF DEATH

County Post Hospital

Township or Village or City Fort Banks Mass / Winthrop / Mass (No. Post Hospital, Ft. Banks Mass. St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Massachusetts

Registered No.

2 FULL NAME Carl Maxwell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word):

6 DATE OF BIRTH: Oct 6, 1893 (Month) (Day) (Year)

7 AGE: 24 yrs. 11 mos. 21 ds. If LESS than 1 day, ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Army

9 BIRTHPLACE (State or country): ?

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country):

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (State or country):

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E B Holdskis

(Address) Ft Banks

15

Filed ____ 191__

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September 27, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 20th Sept, 1918, to Sept 27, 1918, that I last saw him alive on Sept 27, 1918, and that death occurred, on the date stated above, at 11.15 a.m.

The CAUSE OF DEATH* was as follows:

Influenza Acute
Followed by Pneumonia
(Lobar)

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) A. L. Stanwood, M. D.

Sept 28, 1918 (Address) Ft Banks

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Charlestown W. Vic

DATE OF BURIAL: ____, 191__

20 UNDERTAKER: C. R. Brunn

ADDRESS: Winthrop

11—3184

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County ..... State ..... Registered No. .....

Township Winthrop, Mass or Village ..... or

City ..... No. ....., ... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Clarke

(a) Residence. No. 8 Winthrop St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... years ..... months ..... days. How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 8, 1891

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: newspaper

(b) General nature of industry, business, or establishment in which employed (or employer): Boston Post

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S. Framingham

PARENTS

10 NAME OF FATHER: John Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ashland Mass

12 MAIDEN NAME OF MOTHER: Julia Killam

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Yarmouth N. S.

14 Informant: G. W. Clark

(Address)

15 Filed ....., 19 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 27 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1918, to Sept 27, 1918. that I last saw her alive on Sept 26, 1918. and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Influenza

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E. C. Brown, M.D.

Sept 29, 1918 (Address) Revere

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland, Mass

DATE OF BURIAL Sept 30, 1918

20 UNDERTAKER C. R. Bennison

ADDRESS Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 180, Pauline St.; Ward) (City or town.) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Viola C. Lovett.
[If married or divorced woman or widow give maiden name, also name of husband.] Philbrick-Nathan J.

[a] RESIDENCE Winthrop-180 Pauline St. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F

[4] COLOR OR RACE W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Widowed

[6] DATE OF BIRTH 2 (Month) 17 (Day), 1838 (Year)

[7] AGE 80 yrs. 7 mos. 15 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Hope, Maine

PARENTS

[10] NAME OF FATHER Enoch Philbrook

[11] BIRTHPLACE OF FATHER (State or country) Hope Me.

[12] MAIDEN NAME OF MOTHER Sarah Parker

[13] BIRTHPLACE OF MOTHER (State or country) Hope Me.

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Parker Lovett
(Address) 180 Pauline St.

[15] Filed ..... 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH 9 (Month) 27 (Day), 1918 (Year)

[17] I HEREBY CERTIFY that I attended deceased from ....., 191...., to ....., 191...., that I last saw her alive on Sept 15, 1918, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Myocarditis
Atero Sclerosis
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Horace J. Soule, M.D.
Sept 27th, 1918 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL Winthrop Cem't — DATE OF BURIAL 9-30, 1918

[20] UNDERTAKER W. C. Skaggs — ADDRESS Winthrop

Sept. 27, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 35 Bates Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HAROLD AGUSTUS BOWMAN

(a) Residence. No. 35 Bates Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 11, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Moving Picture Operator
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Cambridge
(State or country) Mass.

PARENTS
10 NAME OF FATHER Hubert
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Nova Scotia
12 MAIDEN NAME OF MOTHER Mary J. Burgess
13 BIRTHPLACE OF MOTHER (city or town) Charlestown
(State or country) Mass

14 Informant Mary J. Bowman
(Address) 35 Bates Ave.

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1918, to Sept 27, 1918.
that I last saw him alive on Sept 27, 1918.
and that death occurred, on the date stated above, at 3 45 P m.
The CAUSE OF DEATH* was as follows:
Double Lobar Pneumonia
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) X
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X
Did an operation precede death? no Date of X
Was there an autopsy? no
What test confirmed diagnosis? X
(Signed) Orville E. Johnson, M.D.
, 19 (Address) 123 Winthrop St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.) None

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Pauls Arlington
DATE OF BURIAL: 9/30/18 19

20 UNDERTAKER: John F. C. Maley
ADDRESS: Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

NOV 18 1918 CITY OF SPRINGFIELD

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH County Hampden State Mass. Registered No.

Township ..... or Village ..... or

City Springfield No. Mercy Hospital St., 2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas A. Maloney Private

(a) Residence. No. 355 Winthrop St., ... Ward. ~~Boston, Mass.~~ Winthrop

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — years — months 6 days. How long in U. S., if of foreign birth? — years — months — days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (*write* the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret McGaugh

6 DATE OF BIRTH (month, day, and year) Jan 22, 1887

7 AGE: Years 31 | Months 8 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer U. S. Army

9 BIRTHPLACE (city or town) East Boston (State or country) Mass.

PARENTS

10 NAME OF FATHER Thomas Maloney

11 BIRTHPLACE OF FATHER (city or town) --- (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Pendergast

13 BIRTHPLACE OF MOTHER (city or town) Boston (State or country) Mass.

14 Informant Margaret Maloney (Address) Boston, Mass.

15 Filed Oct 8, 18 [illegible] REGISTRAR

Filed Dec. 18, 1918

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 18, to Sept 26, 18

that I last saw him alive on Sept 26, 18

and that death occurred, on the date stated above, at -- m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (SECONDARY) La Grippe

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? no Date of --

Was there an autopsy? no

What test confirmed diagnosis? --

(Signed) William C. Leary, M.D.

(Address) 630 Main

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop, Mass.

DATE OF BURIAL: Sept 29 1918

20 UNDERTAKER: W. A. Sweeney

ADDRESS: 179 Chestnut St

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 20,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
Township Winthrop or Village or
City BOSTON No., St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mariam Norton
(a) Residence. No. 202 St. Paul St. St., Ward. Brookline, Mass
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years 3 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

9a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Norton

6 DATE OF BIRTH (month, day, and year) Sept 21. 1828

7 AGE: Years 90 | Months | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) London, England
(State or country)

PARENTS
10 NAME OF FATHER — Samuels
11 BIRTHPLACE OF FATHER (city or town) London
(State or country) Eng.
12 MAIDEN NAME OF MOTHER —
13 BIRTHPLACE OF MOTHER (city or town) London, Eng
(State or country)

14 Informant Geo. N. Norton
(Address) 202 St. Paul St. Brookline

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28. 1918.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1918, to Sept. 28, 1918, that I last saw her alive on Sept. 28, 1918, and that death occurred, on the date stated above, at 8-45 P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease
Indef. (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Bronchitis
(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no. Date of —
Was there an autopsy? no. FOR WHAT?
What test confirmed diagnosis? clinical
(Signed) William F. Porter, M.D.
9/30 1918 (Address) Winthrop, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Wakefield
DATE OF BURIAL: Oct 19

20 UNDERTAKER: A. L. Eastman Co.
ADDRESS: 838 Beacon Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop Mass. No. 94 Terrace Ave. St.; ..... Ward) ..... (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Sarah J. Montgomery

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 94 Terrace Ave. Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: F

[4] COLOR OR RACE: W

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

[6] DATE OF BIRTH: 11 (Month) 25 (Day) 1854 (Year)

[7] AGE: 33 yrs. 10 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): .....

[9] BIRTHPLACE (State or country): Belfast Ireland

PARENTS

[10] NAME OF FATHER: James Montgomery

[11] BIRTHPLACE OF FATHER (State or country): Belfast Ireland

[12] MAIDEN NAME OF MOTHER: Susannah Boyce

[13] BIRTHPLACE OF MOTHER (State or country): Belfast Ireland

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susannah Montgomery

(Address) 94 Terrace Ave.

[15] Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Sept 28 (Month) (Day), 1918 (Year)

[17] I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Influenza pneumonia (broncho)

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. H. Collins, M.D.

Oct 1, 1918 (Address) .....

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Mt Hope Cemt

DATE OF BURIAL: 10-2-1918

[20] UNDERTAKER: W. L. Sharpe

ADDRESS: Winthrop

MARGIN RESERVED FOR BINDING

Sept. 28, 1918.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

Township Roxbury or Village or

City BOSTON No. 58 Beacon St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James A Hennessey

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 58 Beacon St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A

6 DATE OF BIRTH (month, day, and year):

7 AGE: Years 27 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Conductor

(b) General nature of industry, business, or establishment in which employed (or employer): B R.R. & L. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): East Boston

PARENTS

10 NAME OF FATHER: Lawrence N

11 BIRTHPLACE OF FATHER (city or town) (State or country): E Boston

12 MAIDEN NAME OF MOTHER: Ellen F McDonald

13 BIRTHPLACE OF MOTHER (city or town) (State or country): E Boston

14 Informant: Wife

(Address): Same

15 Filed, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1918, to Sept 29, 1918, that I last saw h. alive on Sept, 1918, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

General Septicemia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia

Influenza (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry [illegible], M.D.

9/30 1918 (Address) 3 Lenox St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hills

DATE OF BURIAL: Oct 1 1918

20 UNDERTAKER: R E Kelby

ADDRESS: EB

XXM

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 2 Whittier St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary J.
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 2 Whittier St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Mar

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael A.

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 24 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country)

PARENTS
10 NAME OF FATHER Martin P. Hynes
11 BIRTHPLACE OF FATHER (city or town) Hope
(State or country) N. F.
12 MAIDEN NAME OF MOTHER Anna J. Norna
13 BIRTHPLACE OF MOTHER (city or town) Hope
(State or country) N. F.

14 Informant Mother
(Address)

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1918, to Sept 29, 1918.
that I last saw h alive on Sept 28, 1918.
and that death occurred, on the date stated above, at 5 p.m.
The CAUSE OF DEATH* was as follows:
Epilepsy
(duration) yrs. mos. ds.
CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Harry [illegible], M.D.
9/30 1918 (Address) 201 Bleecker St

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL New Calvary
DATE OF BURIAL Oct 1 1918
20 UNDERTAKER Hedley A. Magrath
ADDRESS East Boston

MARGIN RESERVED FOR BINDING

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 263 Bowdoin St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Joseph Barnes
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 263 Bowdoin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine Lavoie

6 DATE OF BIRTH (month, day, and year) July 25, 1884.

7 AGE: Years 34 Months 2 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chaffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Boston
(State or country) Mass

PARENTS
10 NAME OF FATHER James A.
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Hanna McCarthy
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Hanna Crombie
(Address) 263 Bowdoin St

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29th 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1918, to Sept 29th, 1918, that I last saw him alive on Sept 28, 1918, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Influenza
(duration) ..... yrs. ..... mos. 6 ds.
CONTRIBUTORY (SECONDARY) Lobar Pneumonia
(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Horace J. Doyle, M.D.
Oct 1, 1918 (Address) Winthrop Mass

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop
DATE OF BURIAL: 10/1 5 19

20 UNDERTAKER: John F. O'Malley
ADDRESS: Winthrop

MARGIN RESERVED FOR BINDING

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No 40, Taylor St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary McDonough
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 40 Taylor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dudley McDonough

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

8 OCCUPATION OF DECEASED
(a) Trade, profession, particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Ireland
(State or country)

PARENTS
10 NAME OF FATHER Michael Walsh
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Margaret McDonough
(Address) 40 Taylor St.

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1918, to Sept 29, 1918.
that I last saw h. alive on Sept 29, 1918.
and that death occurred, on the date stated above, at 6.30 P m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C. J. McInerney, M.D.
9/30, 1918 (Address) 356 Winthrop St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Winthrop	Oct. 1 1918
20 UNDERTAKER	**ADDRESS**
John J. Linehan	Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL RECORD.

1 PLACE OF DEATH

County Post Hospital

Township Fort Banks

or

Village Winthrop

or

City Mass (No. Post Hospital Ft. Banks St. Mass Ward)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Massachusetts

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Monsour Chamly

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word):

6 DATE OF BIRTH: (Month) (Day), 1 (Year)

7 AGE: about 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Army

9 BIRTHPLACE (State or country): Sweden

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September 29, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1918, to Sept 29th, 1918, that I last saw him alive on Sept 29th, 1918, and that death occurred, on the date stated above, at 2.15 a.m.

The CAUSE OF DEATH* was as follows:
Pneumonia Acute Lobar double left upper and lower right lobes

(Duration) yrs. mos. 9 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) A L Stammel 1st Lieut, M. D.

Sept 30, 1918 (Address) Ft Banks

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Buffalo N. Y.

DATE OF BURIAL: Oct, 1918

20 UNDERTAKER: C. K. Bennison

ADDRESS: 147 Winthrop St Winthrop Mass

11—3184

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township or Village or
City Winthrop No. 44, Bates Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Young
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 41 Bates Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara Young

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 63; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Dental Supplies
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) Jamaica Plain
(State or country) Mass

PARENTS
10 NAME OF FATHER Calvin Young
11 BIRTHPLACE OF FATHER (city or town) Barnstable
(State or country) Mass
12 MAIDEN NAME OF MOTHER Adeline Bell
13 BIRTHPLACE OF MOTHER (city or town) Boston
(State or country) Mass

14 Informant Clara Young
(Address) 41 Bates Ave

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1918

17 I HEREBY CERTIFY, That I attended deceased from May, 1918, to Sept 29, 1918
that I last saw him alive on Sept 29, 1918.
and that death occurred, on the date stated above, at 7.30 P m.
The CAUSE OF DEATH* was as follows:
Spastic Paraplegia

Three (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) X (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) Orville E. Johnson M.D.
9/30 1918 (Address) Winthrop Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hills Cemt
DATE OF BURIAL: 10-1-1918

20 UNDERTAKER: W. C. Skaggs
ADDRESS: Winthrop

Sept. 29, 1918

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF **BOSTON**

FULL NAME THERESA LARKIN

Registered No. 11010

Place of Death and Residence: Boston NEW ENG.HOSPT.

Date of Death SEPT.29 1918, Age 46 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	S

Maiden Name

Husband's Name

Birthplace ENGLAND

Name of Father WILLIAM P.LARKIN

Birthplace of Father ENGLAND

Maiden Name of Mother ANN COCHRANE

Birthplace of Mother ENGLAND

Occupation AT HOME

Informant

Place of Burial or removal ST.JOSEPHS

Undertaker W.J.CASSIDY

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) BRONCHO-PNEUMONIA-FOLLOWING INFLUENZA -- 3 DAYS

Contributory: (Duration)

(Signed) H.G.MYRICK M.D

SEPT.30 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.FEW HOURS

Usual Residence WINTHROP(41 CUTLER ST)

Filed OCT.4 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

Filed Dec. 18, 1918

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630 BOSTON, MASS.

Sept. 29, 1918

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County: Post Hospital

Township or Village or City: Fort Banks / Winthrop / Mass.

(No. Post Hospital Ft Banks St., Mass. Ward)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of: Massachusetts

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME: Harry E. Kaptryn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: October (Month) 19 (Day), 1894 (Year)

7 AGE: 23 yrs. 11 mos. 14 ds.

If LESS than 1 day, ---- hrs. or ---- min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Army

9 BIRTHPLACE (State or country): Grand Rapids Mich.

PARENTS

10 NAME OF FATHER: Cornelius T. Kaptryn

11 BIRTHPLACE OF FATHER (State or country): Holland

12 MAIDEN NAME OF MOTHER: Alice Huitenbrgs

13 BIRTHPLACE OF MOTHER (State or country): Holland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): C. T. Kaptryn

(Address): Route #1 Byron Center Mich.

15

Filed ----, 191--

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September (Month) 30 (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 22d, 1918, to Sept 30th, 1918, that I last saw him alive on Sept 30th, 1918, and that death occurred, on the date stated above, at ---- m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia
Left and Lower right lobe

(Duration) ---- yrs. ---- mos. ---- ds.

Contributory (SECONDARY): Influenza Acute

(Duration) ---- yrs. ---- mos. ---- ds.

(Signed): 1st Lieut A. E. Stimmond, M. D.

Sept 30th, 1918 (Address): Ft Banks

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ---- yrs. ---- mos. ---- ds. In the State ---- yrs. ---- mos. ---- ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Byron Center Mich.

DATE OF BURIAL: 2d, 1918

20 UNDERTAKER: C. K. Bennison

ADDRESS: Winthrop Mass

11—3184

Sept 30, 1918

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
~~City~~ No. 130 Circuit Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Theodore Edward Bauer

(a) Residence. No. 130 Circuit Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 4 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 4 1886

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	6	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Manager
(b) General nature of industry, business, or establishment in which employed (or employer) Boot & Shoe Business
(c) Name of employer

9 BIRTHPLACE (city or town) Boston
(State or country)

PARENTS
10 NAME OF FATHER John Edward Bauer
11 BIRTHPLACE OF FATHER (city or town) Boston Mass
(State or country)
12 MAIDEN NAME OF MOTHER Emily Throckler
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) France

14 Informant Mrs L. M. Bauer
(Address) 130 Circuit Rd Winthrop Mass

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1, 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1918, to Sept 30, 1918, that I last saw him alive on Sept 29, 1918, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(duration) yrs. mos. 8 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) Harvey A. Kelly, M.D.
, 19 (Address) 200 Newbury St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Forest Hills Cemetery	Oct 1918
20 UNDERTAKER	**ADDRESS**
Arthur C. R. Benson	Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH

County ..... State ..... Registered No. .....

Township ..... or Village ..... or

City ..... No. 22, Prescott St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Francis Tarbox

(a) Residence. No. 22 Prescott St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-13-1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): Dwight Mfg. Co

(c) Name of employer: Boston Mass

9 BIRTHPLACE (city or town) Castport Maine (State or country)

PARENTS

10 NAME OF FATHER George M. Tarbox

11 BIRTHPLACE OF FATHER (city or town) Portland (State or country) Maine

12 MAIDEN NAME OF MOTHER Christine Newcomb

13 BIRTHPLACE OF MOTHER (city or town) Cuthert (State or country) Maine

14 Informant Christine Newcomb

(Address) 22 Prescott St Winthrop

15 Filed ....., 19 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1. 1918.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1918, to Oct. 1, 1918, that I last saw he alive on Sept. 30, 1918, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) ..... yrs. ..... mos. 12 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. L. Porter, M.D.

10/2, 19 (Address) Winthrop, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calais Maine	Oct 2 - 1918
20 UNDERTAKER	**ADDRESS**
C. R. Dennison	

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 203 Shirley St., 3 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis A Hutchinson
(a) Residence. No. 39 Edison St St., Ward. Charlestown Mass
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months 2 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wright Berkeley

6 DATE OF BIRTH (month, day, and year) April 22, 1859

7 AGE: Years 59 Months 5 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, professinn, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Bakehouse
(c) Name of employer

9 BIRTHPLACE (city or town) Williamsburg
(State or country) Mass

PARENTS
10 NAME OF FATHER W. Clinton Williams
11 BIRTHPLACE OF FATHER (city or town) Williamsburg
(State or country) New York
12 MAIDEN NAME OF MOTHER Julia Munson
13 BIRTHPLACE OF MOTHER (city or town) Charlestown
(State or country) Mass

14 Informant Mrs A H Lewis
(Address) 39 Edison St Charlestown

15 Filed Oct 7, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1, 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1918, to Oct 1, 1918, that I last saw him alive on Oct 1, 19..., and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) [illegible], M.D.
Oct 4, 19 18 (Address) 3 [illegible]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Whately Mass
DATE OF BURIAL: Oct 5 1918

20 UNDERTAKER: C. R. Bennison
ADDRESS: Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

a / [illegible]

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
Township N Winthrop or Village or
City No. Metcalf Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carmen Magenis
(a) Residence. No. 231 Court Road St., Winthrop Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 50 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 25, 1868

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) North Adams, Mass.
(State or country)

PARENTS
10 NAME OF FATHER Daniel C. Magenis
11 BIRTHPLACE OF FATHER (city or town) Kerry
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary Kelly
13 BIRTHPLACE OF MOTHER (city or town) Machroom
(State or country) Ireland

14 Informant John E. Magenis
(Address) North Adams, Mass.

15 Filed, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1. 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept. 23d, 1918, to Oct. 1. 1918.
that I last saw him alive on Oct. 1. 1918.
and that death occurred, on the date stated above, at 10 a. m.
The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Pernicious Anaemia

On def (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) M. L. Porter, M.D.
, 19 (Address) Winthrop.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Dedham — **DATE OF BURIAL** Oct. 3, 1918.

20 UNDERTAKER J. W. Wilson — **ADDRESS** Highland Dedham

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningcs, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

W Milton (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City — No. 71, Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Burdett Carpenter
(a) Residence. No. 70 Bowdoin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 2 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Sarah Carpenter

6 DATE OF BIRTH (month, day, and year) Feby 16-1831

7 AGE: Years 87 | Months 7 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9 BIRTHPLACE (city or town) Newburnswick
(State or country)

PARENTS
10 NAME OF FATHER Thomas Carpenter
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Newbyport
12 MAIDEN NAME OF MOTHER Rebecca Carpenter
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Newbrunswick

14 Informant Mrs Sarah Carpenter
(Address) 70 Bowdoin St Winthrop

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1918

17 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1918, to Sept 29, 1918
that I last saw him alive on Sept 29, 19..
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Arteriosclerosis

Unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Horace F Soule, M.D.
Oct 2 1918 (Address) Winthrop, Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Cemetery
DATE OF BURIAL: Oct 1 1918

20 UNDERTAKER: Mr & Mrs C. R. Bennison
ADDRESS: Winth.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. 34 Trivon St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ida Levy
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 34 Trivon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE 27 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Russia
(State or country)

PARENTS
10 NAME OF FATHER Simon Zelikovitz
11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)
12 MAIDEN NAME OF MOTHER Un Known
13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Mary Feinstein
(Address) 204 Chestnut

15 Filed Oct 7, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 19, to Oct 2, 19.
that I last saw her alive on Oct 1, 19.
and that death occurred, on the date stated above, at 1 p.m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) influenza
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) [illegible], M.D.
10/3, 19 (Address) 956 Winthrop St.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Beth Jacob Montvale
DATE OF BURIAL 10/3 1918

20 UNDERTAKER L. S. Heinberg
ADDRESS 244 Chestnut St. Chelsea Mass.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH BLACKING INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[1] PLACE OF DEATH Winthrop (No. 39, Nevada Ave St., Ward)

[2] FULL NAME Gertrude E. Moore

[If married or divorced woman or widow give maiden name, also name of husband.] Gertrude E. Geddes

[a] RESIDENCE 39 Nevada Ave Winthrop

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX F.

[4] COLOR OR RACE W.

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) married

[6] DATE OF BIRTH Oct. 6, (Month) (Day), 1896 (Year)

[7] AGE 21 yrs. 11 mos. ds

If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) Cambridge, Mass

PARENTS

[10] NAME OF FATHER James Geddes

[11] BIRTHPLACE OF FATHER (State or country) Ireland

[12] MAIDEN NAME OF MOTHER Annie Jenny?

[13] BIRTHPLACE OF MOTHER (State or country) England

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Geddes

(Address) 39 Nevada Ave Winthrop

[15] Filed Oct 7, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Oct 2 (Month) (Day) 1918 (Year)

[17] I HEREBY CERTIFY that I attended deceased from Sept. 27, 1918, to Oct. 2, 1918, that I last saw her alive on Oct. 2, 1918, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

Contributory (SECONDARY) Influenza

(Duration) yrs. mos. 7 ds

(Signed) William J. Porter, M.D

Oct. 3, 1918 (Address) Winthrop, Mass.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Mt Pleasant Cemetery

DATE OF BURIAL Oct 5, 1918

[20] UNDERTAKER A. Judge & Son

ADDRESS Somerville

MARGIN RESERVED FOR BINDING

Oct. 2, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No.

Township Winthrop or Village or

City No. 175 Pleasant St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rosalie Martha (Jenkins) Grant

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 175 Pleasant St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Owen Grant

6 DATE OF BIRTH (month, day, and year) April 3, 1894

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	5	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Boston (State or country) Mass

PARENTS

10 NAME OF FATHER William N. Jenkins

11 BIRTHPLACE OF FATHER (city or town) So Boston (State or country) Mass

12 MAIDEN NAME OF MOTHER Rosalie E. Wood

13 BIRTHPLACE OF MOTHER (city or town) New York (State or country)

14 Informant William N. Jenkins (Address) 175 Pleasant St.

15 Filed Oct 4, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 2d 1918.

17 I HEREBY CERTIFY, That I attended deceased from Sep. 25, 1918, to Oct. 2d, 1918 that I last saw her alive on Oct. 2d, 1918, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) M. F. Porter, M.D.

10/3, 1918 (Address) Winthrop, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Halleywood	Oct 4 1918
20 UNDERTAKER	**ADDRESS**
John F. O'Malley	Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County: Post Hospital

Township or Village or City: Fort Banks / Winthrop / Mass

(No. Post Hospital, Ft. Banks Mass St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME: Michael Carto

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of: Massachusetts

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: February 19, 1892 (Month) (Day) (Year)

7 AGE: 26 yrs. 7 mos. 14 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Army

9 BIRTHPLACE (State or country): Buffalo, N.Y.

PARENTS

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (State or country): [illegible]

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (State or country): [illegible]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): C R Bennett

(Address): Winthrop

15 Filed: Oct 7, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 3 (Month) (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 191, to Oct 3, 1918, that I last saw him alive on Oct 3, 1918, and that death occurred, on the date stated above, at 7.42 AM.

The CAUSE OF DEATH* was as follows:

Cerebral Paresis.

(Duration) ____ yrs. 2 mos. ____ ds.

Contributory (Secondary): Syphilis Tertiary

(Duration) ? yrs. ____ mos. ____ ds.

(Signed) Gilman L. Clark, M. D.

Oct 3, 1918 (Address) Fort Banks Mass

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lakewanna Hy

DATE OF BURIAL: Oct 7th 1918, 191

20 UNDERTAKER: C R Bennett

ADDRESS: Winthrop

11—3184

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF **BOSTON**

FULL NAME NICOLAS RHODES

Registered No. 11783

Place of Death and Residence: Boston MASS.HOMEO.HOSPT.

Date of Death OCT.3 1918, Age 25 years months 1 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace GREECE

Name of Father CHARLES RHODES

Birthplace of Father GREECE

Maiden Name of Mother -----

Birthplace of Mother GREECE

Occupation RESTORATER

Informant

Place of Burial or removal FOREST HILLS

Undertaker C.R.BENNISON WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) LOBAR PNEUMONIA(EPIDEMIC)

Contributory: (Duration)

(Signed) H.M.POLLOCK M.D.

OCT.4 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(21 TAYLOR ST)

Filed OCT.8 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

Filed Dec. 18, 1918

Oct. 3, 1918

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City 7 No. 119 Park Ave Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James F. Jordan
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 119 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude E. Manley

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Foreman Manager
(b) General nature of industry, business, or establishment in which employed (or employer) Sewing Machine
(c) Name of employer

9 BIRTHPLACE (city or town) Milford
(State or country) Mass

PARENTS
10 NAME OF FATHER William Jordan
11 BIRTHPLACE OF FATHER (city or town) Co. Cork
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary Oconnor
13 BIRTHPLACE OF MOTHER (city or town) Co. Cork
(State or country) Ireland

14 Informant Gertrude E. Jordon
(Address) 119 Park Ave

15 Filed [illegible], 19[illegible]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4 1918

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 19[illegible], to Oct 4, 19[illegible],
that I last saw him alive on Oct 4, 19[illegible],
and that death occurred, on the date stated above, at [illegible] m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) [illegible], M.D.
[illegible], 19[illegible] (Address) 356 [illegible]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Glenwood Cem. Everett
DATE OF BURIAL Oct. 9 1918

20 UNDERTAKER J. F. McGlinchey
ADDRESS Chelsea 383 Bway

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township or Village or
City Winthrop No. 49, Locust St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert A. Schlengman - Aviation Inspector
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 49 Locust St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 1 years 3 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 23 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, professioo, or particolar kind of work: Aviation Inspector
(b) General oature of industry, business, or establishmeot in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) St. Louis, Mo
(State or country)

PARENTS
10 NAME OF FATHER Fred Schlengman
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Albert Schlengman
(Address) 49 Locust St

15 Filed ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 19.., to Oct 4, 19..
that I last saw him alive on Oct 1, 19..
and that death occurred, on the date stated above, at 1 m.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia
(duration) ..yrs..mos..ds.
CONTRIBUTORY
(SECONDARY)
(duration) ..yrs..mos..ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) [illegible], M.D.
10/5, 19 (Address) [illegible]

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION, OR REMOVAL St Louis Mo. Winthrop Mass.
DATE OF BURIAL 10-5 1915

20 UNDERTAKER W. C. Ch[illegible]
ADDRESS Winthrop

Oct 4, 1918

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township or Village or
City Winthrop No. 52, Summit Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mildred R Lincoln
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 52 Summit Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 3 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Sedney L. Lincoln

6 DATE OF BIRTH (month, day, and year) 5-25-1888

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
30	4	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) New York.
(State or country)

PARENTS
10 NAME OF FATHER Geo. H. Crist
11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)
12 MAIDEN NAME OF MOTHER Hinkley
13 BIRTHPLACE OF MOTHER (city or town) New York
(State or country)

14 Informant Sedney L. Lincoln
(Address) 52 Summit Ave.

15 Filed Oct 7, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-5 1918.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1918, to Oct. 5. 1918.
that I last saw her alive on Oct. 4, 1918.
and that death occurred, on the date stated above, at 11 a. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no. Date of —
Was there an autopsy? no.
What test confirmed diagnosis? Clinical

(Signed) H. L. Porter, M.D.
10/7, 1918 (Address) Winthrop, Mass.

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Glenwood Cemt — DATE OF BURIAL 10-8-1918

20 UNDERTAKER W. C. Skaggs — ADDRESS Winthrop

Oct 5, 1918.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 80 Somerset Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Frances (O'Connell) Killam
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 80 Somerset Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Killam

6 DATE OF BIRTH (month, day, and year) Sept 1, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	1	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Brighton
(State or country) Mass

PARENTS
10 NAME OF FATHER James
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Nova Scotia
12 MAIDEN NAME OF MOTHER Agnes Edwards
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Nova Scotia

14 Informant William J. Killam
(Address) 80 Somerset Ave

15 Filed Oct 4, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8, 1918.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1918, to Oct. 5, 1918.
that I last saw h~~e~~ alive on Oct. 5, 1918.
and that death occurred, on the date stated above, at 4 a. m.
The CAUSE OF DEATH* was as follows:

Diabetes

Indef, (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) William J. Rice, M.D.
10/6, 1918 (Address) Winthrop, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Winthrop	Oct, 8 1918

20 UNDERTAKER Geo. F. O'Malley ADDRESS Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 11, Sea foam St.; Ward)

2 FULL NAME Jeanette Markus

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE II SEA FOAM AVE

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word)

6 DATE OF BIRTH September 24, 1911 (Month) (Day) (Year)

7 AGE 1 yrs. — mos. 12 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer) none

9 BIRTHPLACE (State or country) Winthrop

PARENTS

10 NAME OF FATHER Abraham Markus

11 BIRTHPLACE OF FATHER (State or country) Russia

12 MAIDEN NAME OF MOTHER Bessie Rakeusen

13 BIRTHPLACE OF MOTHER (State or country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Abraham Markus

(Address) 11 Sea foam ave

15 Filed Oct 7, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 6, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct. 2, 1918, to Oct. 5, 1918, that I last saw h. alive on " 5, 1918, and that death occurred, on the date stated above, at 9.20 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Harry A. Kelly, M.D.

Oct 6, 1918 (Address) 200 Pleasant St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mount Vale

DATE OF BURIAL Oct 6, 1918

20 UNDERTAKER Abraham Markus

ADDRESS 11 Seafoam

Oct. 6, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF **BOSTON**

FULL NAME MARIA A. SHAW

Registered No. 12524

Place of Death and Residence: Boston MASS. HOMEO. HOSPT.

Date of Death OCT. 7 1918, Age 34 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	M

Maiden Name: COOPER

Husband's Name: THOMAS SHAW

Birthplace: ENGLAND

Name of Father: JAMES COOPER

Birthplace of Father: ENGLAND

Maiden Name of Mother: -----

Birthplace of Mother: -----

Occupation: HOUSEWIFE

Informant:

Place of Burial or removal: WINTHROP (WINTHROP CEM)

Undertaker: C. R. BENNISON WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) LOBAR PNEUMONIA-FOL. EPIDEMIC INFLUENZA

Contributory: (Duration) MITRAL REGURGITATION

(Signed) M. S. BRINGMAN M.D

OCT. 8 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence: WINTHROP (72 ALMONT ST)

Filed OCT. 15 1918.

A true copy. Attest: E. W. M. Glenen

Registrar.

Filed Dec. 18, 1918

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

Oct. 7, 1918

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

WINTHROP
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township or Village or
City Winthrop No. 217 Shirley St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Belcher
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 217 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Widow of Samuel Belcher

6 DATE OF BIRTH (month, day, and year) 7-5-1834

7 AGE Years 84 Months 3 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Raymond
(State or country) N. H.

PARENTS

10 NAME OF FATHER Samuel John Stewart

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New Hamp.

12 MAIDEN NAME OF MOTHER Sarah Foloke

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N. H.

14 Informant Mrs. Kent
(Address) 217 Shirley St.

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8th 1918

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 19, to 8, 1918
that I last saw her alive on Oct 8, 1918.
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY Arteriosclerosis
(SECONDARY)
Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Horace L. Soule, M.D.
Oct 8 1918 (Address) 160 Winthrop St Winthrop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Cemt — DATE OF BURIAL 10-13 1918

20 UNDERTAKER N. C. Skaggs — ADDRESS Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Belmont (City or town)

1 PLACE OF DEATH
County: Middlesex State: Mass. Registered No. 131
Township: Belmont or Village: Waverley or
City: No.: , McLean Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Chauncey P. Fenton
(If in the Army or Navy or the United States, give rank, organization, etc.)
(a) Residence. No. 10 Locust St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 2 years — months 19 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (*write* the word) married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura H. Fenton

6 DATE OF BIRTH (month, day, and year) Oct. 12, 1868

7 AGE 50 Years 11 Months 29 Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Asst Treasurer
(b) General nature of industry, business, or establishment in which employed (or employer): American Glue Co.
(c) Name of employer

9 BIRTHPLACE (city or town) Windham, (State or country) Conn.

PARENTS
10 NAME OF FATHER John C. Fenton
11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.
12 MAIDEN NAME OF MOTHER Ellen E. Perkins
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn.

14 Informant: Laura H. Fenton
(Address) 10 Locust St. Winthrop Mass.

15 Filed 10/9, 19 18 Nov. 9, 1918 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8, 1918

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1918, to Oct. 8, 1918, that I last saw h~~im~~ alive on October 8, 1918, and that death occurred, on the date stated above, at 11:50 P.M.

The CAUSE OF DEATH* was as follows:
General Paralysis of the Insane
about (duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frederick H. Packard, M.D.
Oct. 14, 1918 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hills — DATE OF BURIAL: Oct. 13, 1918

20 UNDERTAKER: C. R. Bennison — ADDRESS: Winthrop Mass.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 20,000.

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

S. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Argonne France State Registered No. 272
City or Town FRANCE No. , St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel A. McCormack
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 47 Shirley Winthrop St., Ward. 18244
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 28 Years — Months Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 2ND. LIEUT. CO. L.
(b) General nature of industry, business, or establishment in which employed (or employer) 320TH INF.
(c) Name of employer

9 BIRTHPLACE (City) East Boston
(State or country)

PARENTS

10 NAME OF FATHER Alexander
11 BIRTHPLACE OF FATHER (City) Grand Pre P. E. I.
(State or country)
12 MAIDEN NAME OF MOTHER Elizabeth Carvie
13 BIRTHPLACE OF MOTHER (City) Sydney C. B.
(State or country)

14 Informant Father
(Address) 47 Shirley St Winthrop

15 Filed Oct 25. 1921
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH OCT. 11. 1918.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,
that I last saw h alive on , 19 ,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows:
KILLED IN ACTION
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) , M.D.
(Address)
Date (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)
DATE OF BURIAL Sept 2 19

20 UNDERTAKER F. E. Kirby
ADDRESS E. Boston

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued T. J. Kelsey Official position Clerk

22 Date of issue of burial or transit permit Sept 24, 21

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

UNITED STATES GOVERNMENT
WAR DEPARTMENT
QUARTERMASTER CORPS
GRAVES REGISTRATION SERVICE
PIER 2 HOBOKEN N. J.

ap

Sept. 19th, 1921.

TRANSPORTATION OF CORPSE

PERMISSION IS HEREBY GRANTED TO CONVEY THE BODY OF THE FOLLOWING NAMED PERSON, WHO DIED OVERSEAS IN THE SERVICE OF THE UNITED STATES, FROM HOBOKEN, N. J. TO EAST BOSTON, MASSACHUSETTS AND SOLDIER ESCORT IS HEREBY AUTHORIZED TO ACCOMPANY SAID BODY IN TRANSIT.

FULL NAME OF DECEASED MC CORMACK, Daniel 2nd. Lt. Co.L, 320th Inf.

CAUSE OF DEATH K/A DATE OF DEATH 10/11/18

DEATH OCCURRED ON DATE STATED ABOVE WHILE SERVING WITH THE UNITED STATES ARMY IN FRANCE.

BODY DISINTERRED BY THE UNITED STATES GOVERNMENT IN FRANCE.

THIS BODY HAS BEEN PREPARED IN ACCORDANCE WITH THE REGULATIONS OF THE DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY, AND THE ISSUANCE OF THIS [illegible] SAID DEPARTMENT.

R. E. SHANNON,
CAPTAIN, Q.M.C., U.S.A.,
OFFICER IN CHARGE.

Daniel A. McCormack
Oct. 11. 1918

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH 150 Hermon St. Winthrop (No. ..., St.; ..., Ward)

2 FULL NAME "Courtney" William

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 150 Hermon St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): X

6 DATE OF BIRTH: Oct 12 1908 (Month) (Day) (Year)

7 AGE: 4 Hours ... yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: —

(b) General nature of Industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Winthrop Mass

PARENTS

10 NAME OF FATHER: Frank

11 BIRTHPLACE OF FATHER (State or country): Boston

12 MAIDEN NAME OF MOTHER: Blanch Holman

13 BIRTHPLACE OF MOTHER (State or country): Chelsea

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C R Dennison

(Address)

15 Filed ..., 191..

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 12, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct 2, 1915, to Oct 12, 1915, that I last saw her alive on Oct 12, 1915, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows: Premature birth (7 mont.)

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Amos Wm Fuller, M.D.

Oct 12, 1915 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: Oct 13, 1915

20 UNDERTAKER: C R Dennison

ADDRESS: Winthrop

Oct. 12, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH County Suffolk State Mass Registered No.

Township or Village or

City Winthrop No. 200, Somerset Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Kellenberger

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

S.B.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop (State or country) Mass

PARENTS

10 NAME OF FATHER Wm. A. Kellenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canonge, Mass

12 MAIDEN NAME OF MOTHER Alma G. Bailey

13 BIRTHPLACE OF MOTHER (city or town) Boston (State or country) Mass

14 Informant Mrs. Bailey

(Address) 200 Somerset Ave.

15 Filed , 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15. 1918.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1918, to Oct. 15. 1918

that I last saw he was alive on , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Still born

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Parker, M.D.

10/17, 1918 (Address) Winthrop, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Cent.

DATE OF BURIAL 10 21 1918

20 UNDERTAKER W. C. Shaggs

ADDRESS Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME MINNIE I DORR

Registered No. 13385

Place of Death and Residence: Boston 60 TOWNSEND ST

Date of Death OCT.13 1918, Age 53 years months days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
F	W	S

Maiden Name

Husband's Name

Birthplace CHELSEA

Name of Father -----DORR

Birthplace of Father CHELSEA

Maiden Name of Mother -----DELMAR

Birthplace of Mother -----

Occupation -----

Informant

Place of Burial or removal CHELSEA

Undertaker C.H.FAUNCE CHELSEA

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) CHR.VALVULAR HEART DISEASE

Contributory: (Duration)

(Signed) A.J.COLLINS M.D.

OCT.13 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(WASHINGTON ST)

Filed OCT.21 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

Filed Mch. 27, 1919

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

Oct. 13, 1918

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Hampden State Mass. Registered No.
Township Monson or Village M. or
City No., Monson State Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME David P. Leonard
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. St., Ward. Westfield Mass.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 3 years 4 months 28 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) January 23-1858

7 AGE 60 Years 8 Months 24 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Grocery Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Boston
(State or country) Mass.

PARENTS
10 NAME OF FATHER James Leonard
11 BIRTHPLACE OF FATHER (city or town) —
(State or country) Scotland
12 MAIDEN NAME OF MOTHER Isabel Lyon
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Scotland

14 Informant Records Monson State Hospital
(Address) Palmer - Mass.

15 Filed Oct 18, 1918 Freelan E. Ball
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1918

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1918, to Oct. 17, 1918,
that I last saw him alive on Oct 16, 1918.
and that death occurred, on the date stated above, at 3.55 a.m.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical findings
10/17 (Signed) Francis M. Nesmith, M.D.
10/17, 1918 (Address) Palmer Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Westfield cemetery Westfield Mass.
DATE OF BURIAL 10/20 1918

20 UNDERTAKER S. M. Pheelan
ADDRESS Palmer Mass.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 6-'18. 50,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County ..... State ..... Registered No. .....

Township Winthrop ..... or Village ..... or

City ..... No. 14, Mermaid ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Florence Donahue

(a) Residence. No. 14 Mermaid Ave ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... years ..... months ..... days. How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Donahue

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, professioo, or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Ireland
(State or country)

PARENTS

10 NAME OF FATHER Thomas Donahue

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Wife Annie Donahue
(Address) .....

15 Filed Oct 21, 19 18
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19 18

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 19 18, to Oct. 18, 19 18, that I last saw h. alive on Oct. 18, 19 18, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism
Myocarditis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. F. Mahoney, M.D.
10/18 19 18 (Address) 336 Winthrop St

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Paul's Rd	Oct 21 19 18
20 UNDERTAKER	**ADDRESS**
Timothy E. A. Hanley	Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

Illegible

R 15. 2-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

WINTHROP (City or town)

1 PLACE OF DEATH
County Suffolk State ..... Registered No. .....
Township ..... or Village ..... or
City Winthrop No. 56, Hair View St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dorothy B. Ballou
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 56 Hair View St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 23 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/26/1895

7 AGE: Years 23 | Months — | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9 BIRTHPLACE (city or town) Winthrop
(State or country) Mass

PARENTS
10 NAME OF FATHER John S. Ballou
11 BIRTHPLACE OF FATHER (city or town) Boston
(State or country) Mass.
12 MAIDEN NAME OF MOTHER Martha P. Gerrish
13 BIRTHPLACE OF MOTHER (city or town) Gloucester
(State or country) Mass

14 Informant John S. Ballou
(Address) 56 Hairview

15 Filed Oct. 30, 1918
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 19 1918

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1918, to Oct. 19, 1918, that I last saw her alive on Oct. 18, 1918, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Influenza

..... (duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of —

Was there an autopsy? no.

What test confirmed diagnosis? clinical

(Signed) W. J. Porter, M.D.
10/21, 19 (Address) Winthrop.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Winthrop Cemt.	10-21-1918
20 UNDERTAKER	**ADDRESS**
W. C. Skaggs	Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County: Post Hospital

Township or Village or City: Fort Banks / Winthrop / Mass. (No. Post Hospital Fort Banks St.; Ward)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of: Massachusetts

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME: Cornelius O'Neil

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: February 27 (Month) (Day), 1891 (Year)

7 AGE: 27 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Army.

9 BIRTHPLACE (State or country): Massachusetts

PARENTS

10 NAME OF FATHER: Daniel O'Neil

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Katherine Murphy

13 BIRTHPLACE OF MOTHER (State or country): Ireland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): John F. O'Neil

(Address): 24 Leon St. Roxbury

15 Filed Oct. 30, 1918

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 22 (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 191..., to Oct. 22, 1918, that I last saw him alive on Oct. 22, 1918, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia. Lobar.
Type III.

(Duration) yrs. mos. 3 ds.

Contributory (SECONDARY): Influenza.

(Duration) yrs. mos. 10 ds.

(Signed): G. L. Chase Capt M.C., M. D.

Oct 22, 1918 (Address): Fort Banks Mass

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Benedict Cemetery West Roxbury.

DATE OF BURIAL: Oct 26, 1918

20 UNDERTAKER: C. R. Bessinger

ADDRESS: Winthrop

11—3184

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

R-301

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH
County Francl State Registered No. 273

City or Town No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William P. Nelligan Corp. Co B. 101st inft
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Nelligan

6 DATE OF BIRTH Feb. 18 1890
(Month) (Day) (Year)

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	8	11	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Soldier
(b) Name of employer

9 BIRTHPLACE (City) Tignish
(State or country) P. E. I.

PARENTS

10 NAME OF FATHER John J.
11 BIRTHPLACE OF FATHER (City)
(State or country) P. E. I.
12 MAIDEN NAME OF MOTHER Mary A. Handrahan
13 BIRTHPLACE OF MOTHER (City)
(State or country) P. E. I.

14 Informant Mrs. Minnie Nelligan
(Address) 18 Worcester Sq. Boston

15 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 24 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH was as follows:

.....
.....
.....
.....(duration) ....yrs....mos....ds.

CONTRIBUTORY
(SECONDARY)
.....(duration) ....yrs....mos....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)....., M.D.

(Address)

Date.....(Month) (Day), (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
St Josephs (Cemetery) Boston (City or town)

DATE OF BURIAL
Oct 30, 21

20 UNDERTAKER
John F. O'Mary

ADDRESS
Winthrop

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued S. A. Maury M.D.

Official position Health Officer

Date of issue of permit 10/27/21

Permit No. 341

000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic volvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

UNITED STATES GOVERNMENT
WAR DEPARTMENT
QUARTERMASTER CORPS
GRAVES REGISTRATION SERVICE
PIER 2 HOBOKEN N. J.

bc

October 24th 1921.

TRANSPORTATION OF CORPSE

PERMISSION IS HEREBY GRANTED TO CONVEY THE BODY OF THE FOLLOWING NAMED PERSON, WHO DIED OVERSEAS IN THE SERVICE OF THE UNITED STATES, FROM HOBOKEN, N. J. TO WINTHROP, MASSACHUSETTS AND SOLDIER ESCORT IS HEREBY AUTHORIZED TO ACCOMPANY SAID BODY IN TRANSIT.

FULL NAME OF DECEASED MELLIGAN, WILLIAM P. CPL. 60036
Co. B, 101st Inf.

CAUSE OF DEATH K/A DATE OF DEATH 10-24-18

DEATH OCCURRED ON DATE STATED ABOVE WHILE SERVING WITH THE UNITED STATES ARMY IN FRANCE.

BODY DISINTERRED BY THE UNITED STATES GOVERNMENT IN FRANCE.

THIS BODY HAS BEEN PREPARED IN ACCORDANCE WITH THE REGULATIONS OF THE DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY, AND THE ISSUANCE OF THIS PERMIT HAS BEEN APPROVED BY THE SAID DEPARTMENT.

R. E. SHANNON,
CAPTAIN, Q.M.C., U.S.A.,
OFFICER IN CHARGE.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Massachusetts

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

County: Post Hospital

Township or Village or City: Fort Banks / Winthrop / Mass (No. Post Hosp Ft. Banks St.; Mass Ward)

2 FULL NAME: J. Haskin La Batt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: September 6 (Month) (Day), 1896 (Year)

7 AGE: 22 yrs. 1 mos. 19 ds. If LESS than 1 day, ---- hrs. or ---- min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Army

9 BIRTHPLACE (State or country): Danby Vermont

PARENTS

10 NAME OF FATHER: Frank La Batt

11 BIRTHPLACE OF FATHER (State or country): Massachusetts

12 MAIDEN NAME OF MOTHER: Lillian La Batt

13 BIRTHPLACE OF MOTHER (State or country): New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs Lillian La Batt

(Address): Arlington, Vt

15

Filed ----, 191--

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 25 (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 21st, 191-8, to Oct 25th, 191-8, that I last saw him alive on Oct 25th, 191-8, and that death occurred, on the date stated above, at 7.00 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ---- yrs. one mos. 4 ds.

Contributory (SECONDARY) Toxemia following Pneumonia (Duration) ---- yrs. ---- mos. ---- ds.

(Signed) C. L. Stanwood, M. D.

Oct 25, 191-8 (Address) Fort Banks

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ---- yrs. ---- mos. ---- ds. In the State ---- yrs. ---- mos. ---- ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Arlington, Vt. DATE OF BURIAL: 10/28, 1918

20 UNDERTAKER: C. R. Bennison ADDRESS: Winthrop

11—3184

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

UNITED STATES GOVERNMENT
WAR DEPARTMENT
QUARTERMASTER CORPS
GRAVES REGISTRATION SERVICE
PIER 2 HOBOKEN N. J.

tg

Oct.9, 1921.

TRANSPORTATION OF CORPSE

PERMISSION IS HEREBY GRANTED TO CONVEY THE BODY OF THE FOLLOWING NAMED PERSON, WHO DIED OVERSEAS IN THE SERVICE OF THE UNITED STATES, FROM HOBOKEN, N. J. TO WINTHROP, MASSACHUSETTS AND SOLDIER ESCORT IS HEREBY AUTHORIZED TO ACCOMPANY SAID BODY IN TRANSIT.

FULL NAME OF DECEASED DONOVAN, Simon J., Pvt. M.G.Co., 101st Inf. 62955

CAUSE OF DEATH DWRIA DATE OF DEATH 10/25/18

DEATH OCCURRED ON DATE STATED ABOVE WHILE SERVING WITH THE UNITED STATES ARMY IN FRANCE.

BODY DISINTERRED BY THE UNITED STATES GOVERNMENT IN FRANCE.

THIS BODY HAS BEEN PREPARED IN ACCORDANCE WITH THE REGULATIONS OF THE DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY, AND THE ISSUANCE OF THIS PERMIT HAS BEEN APPROVED BY THE SAID DEPARTMENT.

R. E. SHANNON,
CAPTAIN, Q.M.C.,U.S.A..
OFFICER IN CHARGE.

UNIVERSITY

R-301

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or Town)

1 PLACE OF DEATH
County: ~~Suffolk~~ State: ~~Massachusetts~~ Registered No. 271
City or Town: ~~Boston~~ No. , France St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Simon J Donovan Pt. 101st Inf.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 30 Beal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred: years 6 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH: Mar. 23. 1900 (Month) (Day) (Year)

7 AGE: Years 18 Months 7 Days 2 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Soldier
(b) Name of employer

9 BIRTHPLACE (City) Whitman
(State or country) Mass.

PARENTS
10 NAME OF FATHER: John J Donovan
11 BIRTHPLACE OF FATHER (City)
(State or country): East Boston
12 MAIDEN NAME OF MOTHER: Catherine Donovan
13 BIRTHPLACE OF MOTHER (City): Charlestown
(State or country): Catherine Donovan

14 Informant: Catherine McDonnell
(Address): 30 Beal St.

15 Filed Oct. 14. 1921
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 2. 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH was as follows:
Died from wounds received in Action in France
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.
18 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) ....., M.D.
(Address) .....
Date ..... (Month) (Day) ....., (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holy Cross
(Cemetery) (City or town)
DATE OF BURIAL: Oct 12 1921

20 UNDERTAKER: Richard Coakley
ADDRESS: East Boston

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: S. A. Mowry M.D.
Official position: Health Officer
Date of issue of permit: Oct. 12
Permit No. 338

XM.
000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Harvard (City or town)

Registered No. 630 (Place of death)

Registered No. ..... (Place of residence)

1 PLACE OF DEATH

County: Wor. State: Mass.

City or Town: Harvard No. Base Hosp. C Devens St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Chandler H. Cobey Pvt Co B 2 M.G.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State: Mass. City or Town: Winthrop No.: 77 Bartlett Rd (St.)
(Usual place of abode)

Length of residence in city or town where death occurred ..... years ..... months ..... days How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6th 1895

7 AGE Years 23 Months 2 Days 21 If LESS than 1 day, ... hrs. or ..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Soldier

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Chelsea
(State or country) Mass

PARENTS

10 NAME OF FATHER Benjamin L.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maine

12 MAIDEN NAME OF MOTHER Eva Sinclair

13 BIRTHPLACE OF MOTHER (city or town) Hallowell
(State or country) Mass

14 Informant: Base Hosp. C D.
(Address)

15 Filed Oct 15, 19 18 J. E. McCartney
Registrar of city or town where death occurred

Filed Nov 4, 19 18
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 27 1918

17 I HEREBY CERTIFY, That I attended deceased from Sep 21, 19 18, to Sep 27, 19 18,

that I last saw him alive on Sep 27, 19 18,

and that death occurred, on the date stated above, at 1-45 m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Pneumonia Lobar

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Neal W. George, M.D.

, 19 (Address) Maj. M.C. U.S.A.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Woodlawn Cem. Everett

DATE OF BURIAL: 19

20 UNDERTAKER: Edwin G. Brown & Son

ADDRESS: East Boston

N. B.—WHITE PLANET, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Oct 27,

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 303. 6-'18. 50,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~ (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

Township Winthrop or Village or

City ~~BOSTON~~ No. 2, Highland Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Andrew Sullivan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 2 Highland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 29 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop (State or country) Mass

PARENTS

10 NAME OF FATHER Eugene

11 BIRTHPLACE OF FATHER (city or town) Cambridge (State or country) Mass

12 MAIDEN NAME OF MOTHER Mildred Corcoran

13 BIRTHPLACE OF MOTHER (city or town) Boston (State or country) Mass

14 Informant Eugene Sullivan

(Address) 2 Highland Ave

15 Filed, 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1918

17 I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1918, to Oct 29, 1918.

that I last saw him alive on Oct 29, 1918.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Imperfect heart

lived 15 minutes

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? Date of no

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James L. Stack, M.D.

10/29 1918 (Address) 419 Highland St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St Joseph Rol. — DATE OF BURIAL Oct 31 1918

20 UNDERTAKER J. F. O'Malley — ADDRESS Winthrop

N. B. WHITE PAPER, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

This certificate based upon U. S. Army transportation Permit

R-302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

Registered No. ..... (Place of death)

Registered No. 269 (Place of residence)

1 PLACE OF DEATH

County France State .....

~~City or Town~~ ..... No. ....., ... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William A. Miller Pfc. 62903 M. G. Co. 101st Infantry

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town Winthrop No. 210 Pauline St.

(Usual place of abode)

Length of residence in city or town where death occurred ..... years ..... months ..... days How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr. 1, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	6	29	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soldier

(b) Name of employer

9 BIRTHPLACE (city or town) Dorchester (State or country) Boston, Mass.

PARENTS

10 NAME OF FATHER Louis J. Miller

11 BIRTHPLACE OF FATHER (city or town) Boston (State or country) Mass.

12 MAIDEN NAME OF MOTHER Elizabeth A. Brennan

13 BIRTHPLACE OF MOTHER (city or town) Dorchester (State or country) Boston Mass.

14 Informant Eliz A Miller (Address)

15 Filed Sep. 26, 1921 Registrar of city or town where death occurred

Filed ....., 19 ..... Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30, 1918

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,

that I last saw h..... alive on ....., 19.....,

and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Killed in Action in France

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ....., M.D.

, 19 (Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Joseph Cem. W. Rox.	Sep. 12 1921

20 UNDERTAKER	ADDRESS
J. F. O'Maley	Winthrop

9. 25,000

N. B. WHERE PLURALITY, FOLLOW STANDARD FORM. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

UNITED STATES GOVERNMENT
WAR DEPARTMENT
QUARTERMASTER CORPS
GRAVES REGISTRATION SERVICE
PIER 2, HOBOKEN, N. J.

SEPTEMBER 1st 1921.

TRANSPORTATION OF CORPSE

PERMISSION IS HEREBY GRANTED TO CONVEY THE BODY OF THE FOLLOWING NAMED PERSON, WHO DIED OVERSEAS IN THE SERVICE OF THE UNITED STATES, FROM HOBOKEN, N. J. TO WINTHROP, MASSACHUSETTS. AND SOLDIER ESCORT IS HEREBY AUTHORIZED TO ACCOMPANY SAID BODY IN TRANSIT.

FULL NAME OF DECEASED MILLER, William A. Pfc. 62903 M.G.Co.101st Inf.

CAUSE OF DEATH KA DATE OF DEATH 10-30-18

DEATH OCCURRED ON DATE STATED ABOVE WHILE SERVING WITH THE UNITED STATES ARMY IN FRANCE.

BODY DISINTERRED BY THE UNITED STATES GOVERNMENT IN FRANCE.

THIS BODY HAS BEEN PREPARED IN ACCORDANCE WITH THE REGULATIONS OF THE DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY, AND THE ISSUANCE OF THIS PERMIT HAS BEEN APPROVED BY THE SAID DEPARTMENT.

R. E. SHANNON,
CAPTAIN, Q.M.C., U.S.A.
OFFICER IN CHARGE.

VL.

Oct. 30. 1918

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Chelsea (City or town)

1 PLACE OF DEATH Registered No. 1059 (Place of death)

County Suffolk State Mass. Registered No. (Place of residence)

City or Town Chelsea No. Soldiers' Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sylvester Horton

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. (Usual place of abode) State Mass. City or Town Winthrop No. ---- St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec. 23, 1837

7 AGE Years 80 Months 10 Days 14 If LESS than 1 day, ... hrs. or ..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Organ Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Orleans (State or country) Mass.

PARENTS

10 NAME OF FATHER John Horton

11 BIRTHPLACE OF FATHER (city or town) Eastham (State or country) Mass.

12 MAIDEN NAME OF MOTHER Elizabeth Gould

13 BIRTHPLACE OF MOTHER (city or town) Eastham (State or country) Mass.

14 Informant Records of Soldiers' Home (Address) Chelsea

15 Filed Nov. 9, 1918 [illegible] Registrar of city or town where death occurred

Filed ----, 19 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1918

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1918, to Nov. 7, 1918, that I last saw him alive on Nov. 6, 1918, and that death occurred, on the date stated above, at 1.45 a.m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY) ----

(duration) ---- yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ----

(Signed) Samuel W. Crittenden, M.D.

--, 19 (Address) Soldiers' Home Chelsea

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Cem. DATE OF BURIAL Nov. 10 1918

20 UNDERTAKER W.C. Skaggs ADDRESS Winthrop

Nov. 7, 1918

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 303. 6-'18. 50,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 95 Beach Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Beatrice Galvin
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 95 Beach Road Winthrop St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.
5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1843

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS
10 NAME OF FATHER John.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Margaret Higgins
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Blanche Hennessey.
(Address) New York

15 Filed Nov. 21, 1918
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8th 1918.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7th, 1918, to Nov 8, 1918.
that I last saw her alive on Nov 8th, 1918.
and that death occurred, on the date stated above, at 9.15 A. m.
The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease
The exact form not determinable at the time I attended her.
a number of years
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Acute Indigestion causing Vomiting & Stomach (duration) about 20 hours mos. days
18 Where was disease contracted if not at place of death? at her residence.
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Minor. public health nurse reps. H. B. Jefferson
(Signed) M.D.
11/9, 1918 (Address) 257 Shore Drive Winthrop

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holbrook. Brookline. DATE OF BURIAL: Nov. 11 1918
20 UNDERTAKER: John J. O'Maley ADDRESS: Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

XXM.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

Township Winthrop or Village or

City ~~BOSTON~~ No. 1 Coral Ave, St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fannie Suzman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 1 Coral Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female **4 COLOR OR RACE** W. **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of wife of Abraham

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 36 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Simon Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Goldman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant A. Cohen

(Address) 22 Nevada St.

15 Filed , 19 Winthrop REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8 1918

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1918, to Nov. 8, 1918, that I last saw h alive on Nov. 8, 1918, and that death occurred, on the date stated above, at 8.30 A.M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles L. Mahoney, M.D.

Nov. 8, 1918 (Address) 356 Cambridge St. Winthrop

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woburn Pride of Boston — **DATE OF BURIAL** Nov. 8 1918

20 UNDERTAKER Jacob Stanetsky — **ADDRESS** Boston

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No.

Township Winthrop or Village or

City Winthrop, No. 15, Buckanan St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter D, Olafson

(a) Residence. No. 15 Buckanan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) May 26-1911

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ---

(b) General nature of industry, business, or establishment in which employed (or employer) ---

(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop, Mass. (State or country) -

PARENTS

10 NAME OF FATHER Johan A. Olafson

11 BIRTHPLACE OF FATHER (city or town) Sweden (State or country)

12 MAIDEN NAME OF MOTHER Hilda Anderson

13 BIRTHPLACE OF MOTHER (city or town) Sweden (State or country)

14 Informant Mrs. Olafson

(Address) 15 Buckanan St.

15 Filed Nov 21, 19 18 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10 1918.

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1918, to Nov. 10, 1918

that I last saw ~~him~~ alive on Nov. 8, 1918.

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor,

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No. Date of Aug. 18, 1918.

Was there an autopsy? No.

What test confirmed diagnosis? Explaining.

(Signed) H. Willard Cox, M.D.

(Address) Nov. 11, 1918 Eve. Boston.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Nov. 12, 18

20 UNDERTAKER C. A. Rollins

ADDRESS E. Boston

N.B. WHITE PENCIL, NOT CHALKING INK, THIS IS A PERMANENT RECORD. Everything should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tubercuosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. 100, Waldemar Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOHN JOSEPH MURRAY
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 100 Waldemar Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Carpenter

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE: Years 47; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Insurance
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Boston
(State or country) Mass

PARENTS
10 NAME OF FATHER John
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary Farmer
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mary Murray
(Address) 100 Waldemar Ave.

15 Filed , 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) - 11 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1918, to Nov 11, 1918.
that I last saw him alive on Nov 11, 1918.
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Harry A. Kelly, M.D.
11/13/1918 (Address) 200 Pleasant St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holyhood Brookline
DATE OF BURIAL: 11/14/18 19

20 UNDERTAKER: John F. C. Maley
ADDRESS: Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME THEODORE R. GARDNER Registered No. 15135

Place of Death Boston CHILDRENS HOSPT.

Date of Death NOV. 11 1918, Age 5 years 5 months 3 days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV
M	W	S

Maiden Name

Husband's Name

Birthplace WINTHROP

Name of Father THEODORE R. GARDNER

Birthplace of Father WORCESTER

Maiden Name of Mother MARGUERITE HOLMES

Birthplace of Mother GLOUCESTER

Occupation -----

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) } TUBERCULOUS PERITONITIS 2 YRS

Contributory: (Duration) }

(Signed) G. H. JACKSON JR. M.D.

NOV. 12 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Place of Burial or removal WINTHROP (WINTHROP CEM)

Undertaker C. R. BENNISON

Date of Burial WINTHROP

Usual Residence WINTHROP (31 OAKLAND ST)

Filed NOV. 18 1918.

A true copy. Attest: E. W. McGlenen

Registrar.

Filed March 27, 1919

Nov. 11, 1918

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Melrose (City or town)

1 PLACE OF DEATH

County Middlesex State Massachusetts Registered No.

Township ..... or Village ..... or

City Melrose No. , Melrose Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William H. Barter

(a) Residence. No. 33 Circuit Road, St., Ward. Winthrop, Mass.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Callaghan

6 DATE OF BIRTH (month, day, and year) Oct. 1, 1878

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Boston, (State or country) Mass.

PARENTS

10 NAME OF FATHER William H. Barter

11 BIRTHPLACE OF FATHER (city or town) Boston, (State or country) Mass

12 MAIDEN NAME OF MOTHER Mary E. Ahearn

13 BIRTHPLACE OF MOTHER (city or town) Boston, (State or country) Mass.

14 Informant Mrs Margaret Barter, (Address) wife. Winthrop, Mass.

15 Filed 11/16/18, ~~19~~ W. DeHaven Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12, 1918

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Automobile accident

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Fracture base of skull

..... (duration) ..... yrs. 10hours mos. ..... ds.

18 Where was disease contracted if not at place of death? Upham St. Melrose.

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Roscoe D. Perley, Med. Ex., M.D.

11/12/18 (Address) Melrose, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Holyhood Cem. Brookline.	Nov. 15, 18

20 UNDERTAKER	ADDRESS
W. J. Cassidy,	160 Harrison Av.e Boston, Mass.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 20,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. 132 Pauline St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Emelia McLanson
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 132 Pauline St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Coffin

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE: Years 51. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Ice Company.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Nova Scotia.

PARENTS
10 NAME OF FATHER John.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Nova Scotia.
12 MAIDEN NAME OF MOTHER Margaret Burbin
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nova Scotia.

14 Informant Joseph McLanson
(Address) 132 Pauline St

15 Filed , 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1918

17 I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1918, to Nov 12th, 1918.
that I last saw him alive on Nov 12th, 1918.
and that death occurred, on the date stated above, at 8 PM m.
The CAUSE OF DEATH* was as follows:
Acute Meningitis
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) E. W. Brown, M.D.
11/13 1918 (Address) Beachmont.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holy Cross Malden
DATE OF BURIAL: Nov 15 1918

20 UNDERTAKER: John F. O'Malley
ADDRESS: Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

(Always write with black ink)

TRANSPORTATION OF CORPSE

1 PLACE OF DEATH

State of New Jersey
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County of _____

DISINTERRED BY U. S. GOVERNMENT IN FRANCE

City of _____ (No _____ St.; _____ Ward)

[If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME Sgt. Arthur N. Fletcher, 164607, Maj. Co. C. 14th Engrs.

Personal and Statistical Particulars

3 Sex: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced (Write the word): Married

6 Date of Birth: Nov. (Month) 12 (Day), 1892 (Year)

7 Age: 26 yrs. — mos. — ds.

8 Occupation: Sergeant Major

9 Birthplace (State or Country): East Boston, Mass.

PARENTS

10 Name of Father: Peter W. Fletcher

11 Birthplace of Father (State or country): Liverpool, Eng.

12 Maiden name of Mother: Julia Beeley

13 Birthplace of Mother (State or country): Manchester, Eng.

14 The above is true to the best of the knowledge and belief of

(Informant) Family

(Address) 815 Shirley St.

15 Place where remains are to be sent: Woodlawn, Everett, Mass.

Date of Shipment: May 15, 1921

Shipping Undertaker: C. A. Collins

U. S. GOVERNMENT ARMY FIELD

Address: East Boston, Mass.

(Firm Name)

Medical Certificate of Death

16 Date of Death: 11 (Month) 12 (Day), 1918 (Year)

17 *I HEREBY CERTIFY, That death occurred, on date stated above, at* France

The CAUSE OF DEATH was as follows:

Hemorrhages

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory _____
Secondary _____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) _____, M. D.

_____, 19____ (Address) _____

18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents)

At place of death ____ yrs. ____ mos. ____ ds. *In the State* ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

PERMIT OF BOARD OF HEALTH OR REGISTRAR

This Permit with above Certificate, must be presented to Initial Baggage Agent and delivered with body at destination

May 6th, 1921

Permission is hereby granted to remove for burial at East Boston, Mass. the body of Sgt. Arthur N. Fletcher, above described, if prepared in accordance with the laws of this State. If contagious or communicable, state name of person who is authorized to accompany the body.

_____

_____

Health Officer or Registrar.

Detach above portion at this perforation, and hand to passenger in charge, to be delivered to the undertaker at destination. If burial is made in this State this blank should be exchanged for a local burial permit at place of burial.

Detach at this perforation, and securely attach this label to the outside case.

CORPSE TRANSIT LABEL

FUNERAL DIRECTOR'S CERTIFICATE.

License No. D 1

I (or we) hereby certify that the accompanying dead body of Sgt. (Major) Arthur M. Fletcher, 164607

to be transported to East Boston, State of Mass. in care of soldier escort

has been prepared for transportation in conformity with the transportation rules for corpses in this State.

Shipping Funeral Director.

May 6th, 1921 Address Army Piers, Hoboken, N.J.

Station Baggage Agent must enter hereon a description of the corpse ticket, or check the exact route and via what Junctional Points the corpse ticket or check reads, which is held by the passenger in charge of the corpse.

Date _____ 19____

From _____ to _____ State of _____

No. of Ticket _____ Form No. of Ticket _____

Via _____ R. R. To _____

Via _____ R. R. To _____

Via _____ R. R. To _____

Via _____ R. R. To _____

Via _____ R. R. To _____

Via _____ R. R. To _____

Name of Passenger in charge _____ Place of residence _____

BEERS PRESS, TRENTON, N. J.

Signed _____ Station Agent.

js

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. France St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur M. Fletcher Sergt. Major
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 815 Shirley Winthrop St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence Marie Fletcher

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

9 BIRTHPLACE (City)
(State or country)

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (City)
(State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (City)
(State or country)

14 Informant Family
(Address) 815 Shirley St. Winthrop

15 Filed May 17/21
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from , 19, to , 19,
that I last saw him alive on , 19,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) , M.D.
(Address)
Date (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Woodlawn Everett.
(Cemetery) (City or town)

DATE OF BURIAL May 15, 1921

20 UNDERTAKER C. A. Rollins
ADDRESS E. Boston

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued F. J. Kelsey Official position Clerk Date of issue of permit May 13, 21 Permit No. 14227

.000.
XM.

Rev. 18 1918

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township or Village or
City Winthrop No. 55 Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry P. Murdock
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 55 Winthrop St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 11 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice E. Kimball

6 DATE OF BIRTH (month, day, and year) Oct 21 1870

7 AGE Years 48 Months — Days 23 If LESS than 1 day, hrs. or mio.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rivetting Fitterman
(b) General nature of industry, business, or establishment in which employed (or employer) Robbins Shoes
(c) Name of employer

9 BIRTHPLACE (city or town) Grand Point
(State or country) N.Y.

PARENTS
10 NAME OF FATHER James Murdock
11 BIRTHPLACE OF FATHER (city or town) Grand Point
(State or country) N.Y.
12 MAIDEN NAME OF MOTHER Emma Parks
13 BIRTHPLACE OF MOTHER (city or town) Lindport
(State or country) N.Y.

14 Informant Mrs. Alice E. Murdock
(Address) 55 Winthrop St

15 Filed ..., 19 ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1918

17 I HEREBY CERTIFY, That I attended deceased from Did not attend, 19 .
that I last saw h alive on , 19 .
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Natural Causes. (C.S. Case)
Bright's Disease
(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) William J. Porter, M.D.
11/15, 1918 (Address) Winthrop, Mass.

Chairman Winthrop Board of Health

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Grand Point N.Y.
DATE OF BURIAL Nov 16 1918

20 UNDERTAKER H. L. Ward
ADDRESS Winthrop Mass

so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide,* etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure,* etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism,* etc.
4. Deaths under circumstances unknown, as *A person found dead,* etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. 54 Belcher St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Effie (McLean) McIsaac
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 54 Belcher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Angus McIsaac.

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, professioo, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Prince Edwards Island

PARENTS
10 NAME OF FATHER Ronald
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Scotland
12 MAIDEN NAME OF MOTHER Mary MacNeill
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Scotland

14 Informant Daniel McIsaac
(Address) 159 Warren Ave. Boston.

15 Filed Nov 21, 1918 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14, 1918

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1918, to Nov. 1, 1918.
that I last saw he alive on Nov. 1, 1918.
and that death occurred, on the date stated above, at 3.45 P.M.
The CAUSE OF DEATH* was as follows:
Auto intoxication Heart
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) myocarditis, Cirrhosis liver
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [illegible], M.D.
Nov 15, 1918 (Address) 3 [illegible] Winthrop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Joseph Roxbury	Nov 16 1918
20 UNDERTAKER	**ADDRESS**
John F. O'Malley	Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. 70 Atlantic St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia Teresa Peardon
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 70 Atlantic St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dennis Feardon

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Ireland

PARENTS
10 NAME OF FATHER John McCarthy
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Catherine Tobin
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Teresa Peardon
(Address) 70 Atlantic St.

15 Filed ..., 19 ..
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1918

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1918, to ..., 19..
that I last saw her alive on Nov 18, 1918
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:
Acute Dilatation heart
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) ... yrs. ... mos. ... ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) C. J. McInerney, M.D.
Nov 21 1918 (Address) 3 Scollay Square

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Holy Cross Malden	11/22/18 19
20 UNDERTAKER	**ADDRESS**
John F. O'Maley	Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH STANDING INK. THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

902 / Worcester (City or town.)

[1] PLACE OF DEATH Worcester (No. 266 Main St. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Mary E. N. Ferrin wife of Warren E. Turner

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 266 Main St Worcester Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: March 1, 1 (Month) (Day) (Year)

[7] AGE: 7 yrs. 8 mos. 21 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home

[9] BIRTHPLACE (State or country): Leicester Mass

PARENTS

[10] NAME OF FATHER: Lincoln Ferrin

[11] BIRTHPLACE OF FATHER (State or country): Jaffrey Mass

[12] MAIDEN NAME OF MOTHER: [illegible]

[13] BIRTHPLACE OF MOTHER (State or country): " "

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Warren E. Turner
(Address) 266 Main St.

[15] Filed ..... 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: November 20, 1918 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from October 25, 1918, to Nov. 20, 1918, that I last saw her alive on Nov. 19, 1918, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:
Pulmonary Apoplexy Disease,
Failure of Cardiac action.

Unknown (Duration) yrs. mos. ds.
Contributory (SECONDARY) Chronic Parenchymatous Nephritis. Hepatic Encumbrance. General Dropsy.
(Duration) yrs. mos. ds.

(Signed) Joseph H. Willis, M.D.
Nov 20, 1918 (Address) 15 Pleasant St. Cor. Boylston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Hope Cem. DATE OF BURIAL: 1918

[20] UNDERTAKER: [illegible] ADDRESS: [illegible]

Nov. 20, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. 103 Somerset St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Edmund Parsons
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 103 Somerset Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Kelleher

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE: Years 42 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Cambridge
(State or country) Mass.

PARENTS
10 NAME OF FATHER Lewis.
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Canada.
12 MAIDEN NAME OF MOTHER Unknown.
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Canada.

14 Informant Mrs George Parsons
(Address) 163 Somerset Ave.

15 Filed Nov. 29, 1916
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 20 19

17 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

that I last saw h... alive on ....., 19...

and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ....., M.D.
11/21, 1918 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holy Cross Malden
DATE OF BURIAL: Nov. 21 19 16

20 UNDERTAKER: John F. O'Maley
ADDRESS: Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF **BOSTON**

FULL NAME FRANCIS E.LYMAN Registered No. 15387

Place of Death Boston MASS.HOME O.HOSPT.

Date of Death NOV.20 1918, Age 4 years 6 months 14 days

STATISTICAL DETAILS.

SEX.	COLOR	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace WINTHROP

Name of Father FRANCIS E.LYMAN

Birthplace of Father EASTHAMPTON

Maiden Name of Mother CLEO WILDER

Birthplace of Mother NATAL.SO.AFRICA

Occupation AT HOME

Informant

Place of Burial or removal WINTHROP(WINTHROP CEM)

Undertaker C.R.BENNISON

Date of Burial WINTHROP

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) DOUBLE LOBAR PNEUMONIA-DAYS

Contributory: (Duration) EPIDEMIC INFLUENZA - DAYS

(Signed) S.A.CLEMENT M.D.

NOV.20 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

IN HOSPT.2 DAYS

Usual Residence WINTHROP(62 CRYSTAL COVE AV)

Filed NOV.25 1918

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON MASS.

nov. 20, 1918

906 Winthrop.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH 9 Wilshire St (No. Winthrop Mass St.; Ward)

2 FULL NAME Essie Ulretha Vincent

[If married or divorced woman or widow give maiden name, also name of husband.] 9 Wilshire St Winthrop Mass

a RESIDENCE 9 Wilshire St Winthrop Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH July 15 1883 (Month) (Day) (Year)

7 AGE 35 yrs. 4 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9 BIRTHPLACE (State or country) Pittsfield Mass

PARENTS

10 NAME OF FATHER George E Matthews

11 BIRTHPLACE OF FATHER (State or country) England

12 MAIDEN NAME OF MOTHER Grace E Burlingham

13 BIRTHPLACE OF MOTHER (State or country) Pittsfield Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Bennett

(Address) 147 Winthrop St.

15 Filed Nov 9, 1918

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. (Month) 22 (Day), 1918 (Year)

17 I HEREBY CERTIFY that I attended deceased from Nov. 18, 1918, to Nov. 22, 1918; that I last saw her alive on Nov. 22, 1918, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Broncho Pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) M. J. Boles, M.D.

Nov. 22, 1918 (Address) Winthrop

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR ~~REMOVAL~~ Winthrop Cemetery

DATE OF BURIAL Nov 24, 1918

20 UNDERTAKER C. R. Bennett

ADDRESS Winthrop Mass

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH BLACKING INK — THIS IS A PERMANENT RECORD.

Nov. 22, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County ..... State ..... Registered No. .....

Township ..... or Village ..... or

City ..... No. ....., ... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rita Francis

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. ..... St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Francis

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 70 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, professioo, or particular kind of work: At Home

(b) Geoeral nature of iodustry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Provo

PARENTS

10 NAME OF FATHER Manuel.

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Provo.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Provo

14 Informant ..... (Address)

15 Filed [illegible], 19 8 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

that I last saw h..... alive on ..... 19.....

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ....., M.D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holy Cross Maiden

DATE OF BURIAL: 19

20 UNDERTAKER

ADDRESS

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Winthrop State Mass Registered No.
Township Winthrop or Village or
City No. 41 Atlantic St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bridget Theresa McHugh
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 41 Atlantic St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael McHugh.

6 DATE OF BIRTH (month, day, and year) 1841

7 AGE: Years 77 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS
10 NAME OF FATHER Michael McGinn
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Sarah
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs. Clarke, 41 Atlantic St McHugh
(Address) 41 Atlantic St

15 Filed Nov 29, 1918 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1918

17 I HEREBY CERTIFY, That I attended deceased from 9 hrs, 1917, to Nov 22, 1918, that I last saw he alive on Nov 20, 1918, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Primary cellulitis erysipelas
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) chronic nephritis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Thos A Kelly, M.D.
11/22 1918 (Address) 200 Hewlett St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION, OR REMOVAL: Calvary.
DATE OF BURIAL: Mon. 25 1918

20 UNDERTAKER: John F. O'Malley
ADDRESS: Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
Township Winthrop, Mass. or Village or
City BOSTON No. 184 Somerset Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Adaline A. Allen
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 184 Somerset Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Willard S. Allen

6 DATE OF BIRTH (month, day, and year) Nov. 26-1918

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Lynn, Mass.
(State or country)

PARENTS
10 NAME OF FATHER George Newhall
11 BIRTHPLACE OF FATHER (city or town) Lynn
(State or country) Mass.
12 MAIDEN NAME OF MOTHER Elizabeth Harrington
13 BIRTHPLACE OF MOTHER (city or town) Boston
(State or country) Mass.

14 Informant Miss. Mary A. Allen
(Address) 184 Somerset Ave. Winthrop

15 Filed 11-29, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26 1918

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1918, to Nov. 26, 1918
that I last saw h. ex alive on Nov 26, 1918.
and that death occurred, on the date stated above, at 3.30 P. m.
The CAUSE OF DEATH* was as follows:
Pulmonary Edema.

A. Semilegra. Cerebral Sclerosis (duration) yrs. mos. 14 ds.
CONTRIBUTORY Mitral Disease.
(SECONDARY) Cerebral Softening
Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of FOR WHAT?
Was there an autopsy? No
What test confirmed diagnosis? General Observation.
(Signed) James H. Gillan, M.D.
(Address) 15 Pemberton Sq. E.
11/27 1918

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Pine Grove, Lynn
DATE OF BURIAL Nov. 29 1918

20 UNDERTAKER C. A. Rollins.
ADDRESS E. Boston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

XXM

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 26 Sturges St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Elizabeth A. Chapman

[If married or divorced woman or widow give maiden name, also name of husband.] Robert N. Chapman

[a] RESIDENCE 26 Sturges St. Winthrop Mass. Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX Female

[4] COLOR OR RACE White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

[6] DATE OF BIRTH June 4 1857 (Month) (Day) (Year)

[7] AGE 61 yrs. 5 mos. 25 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

[9] BIRTHPLACE (State or country) England

PARENTS

[10] NAME OF FATHER John Coggrove

[11] BIRTHPLACE OF FATHER (State or country) England

[12] MAIDEN NAME OF MOTHER Unknown

[13] BIRTHPLACE OF MOTHER (State or country) " "

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert N. Chapman

(Address) 26 Sturges St.

[15] Filed Nov 2, 191 8 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Nov 26, 191 8 (Month) (Day) (Year)

[17] I HEREBY CERTIFY that I attended deceased from April 1, 191 8, to Nov. 26, 191 8, that I last saw her alive on Nov. 24, 191 8, and that death occurred, on the date stated above, at 1.45 A.m.

The CAUSE OF DEATH* was as follows:

Coronary Embolism

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) [illegible], M.D.

Nov 29, 191 8 (Address) 85 Winthrop St.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL Winthrop

DATE OF BURIAL Nov 29, 191 8

[20] UNDERTAKER C. A. Bennison

ADDRESS 192 Winthrop

Nov. 26, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF
BOSTON

FULL NAME -----WALSHAW

Registered No. 15593

Place of Death and Residence: Boston MASS.HOMEO.HOSPT.

Date of Death NOV.26 1918, Age years months 1 days.

STATISTICAL DETAILS.

SEX.	COLOR.	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace BOSTON

Name of Father PERCIVAL WALSHAW

Birthplace of Father ENGLAND

Maiden Name of Mother LILLIE RICHARDSON

Birthplace of Mother ENGLAND

Occupation -----

Informant

Place of Burial or removal MT.HOPE

Undertaker J.S.WATERMAN & SONS

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) PREMATURITY

Contributory: (Duration)

(Signed) H.M.POLLOCK M D

NOV.26 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(10MOORE ST)

Filed DEC.3 1918.

A true copy. Attest: E.W.M.Glenen

Registrar.

Filed Dec. 18, 1918

CITY REGISTRAR'S OFFICE SICUT PATRIBUS SIC NOBIS BOSTONIA CONDITA A. 1630. CIVITATIS REGIMINE DONATA A. 1822. BOSTON MASS.

Nov. 26, 1918

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 224 Lincoln St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Frances Murphy
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 224 Lincoln St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anthony Murphy

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED
(a) Trade, professioo, or particular kind of work At Home
(b) General oature of industry, business, or establishment io which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) St. Johns
(State or country) Newfoundland

PARENTS
10 NAME OF FATHER David Lannigan
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary Laracey
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs. Marsh
(Address) 224 Lincoln St.

15 Filed Dec 2, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1918

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1918, 19, to Nov. 2, 19.
that I last saw he alive on Nov. 2, 19.
and that death occurred, on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) interstitial nephritis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J F Mahoney, M.D.
Nov 4, 19 (Address) 8 S Huntington St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Holy Cross Malden	11/30/18. 19

20 UNDERTAKER	ADDRESS
John F. O'Malley	Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH: Metcalf Hospital (No. ..., Winthrop St.; ..., Ward)

2 FULL NAME: Amelia Ellis

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE: 83 Somerset Ave.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: 3 (Month) 20 (Day), 1848 (Year)

7 AGE: 70 yrs. 7 mos. 8 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9 BIRTHPLACE (State or country): R. Island

PARENTS

10 NAME OF FATHER: James A. Brendridge

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Jane Miller

13 BIRTHPLACE OF MOTHER (State or country): ...

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Capt. Brendridge
(Address): 83 Somerset Ave.

15 Filed Nov. 29, 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November (Month) 28th (Day), 1918 (Year)

17 I HEREBY CERTIFY that I attended deceased from 15th November, 1918, to November 28th 1918, that I last saw her alive on November 29th, 1918, and that death occurred, on the date stated above, at 4.10 p.m.

The CAUSE OF DEATH* was as follows:
Senile myocarditis and arteriosclerosis
(Duration) Many yrs. ... mos. ... ds.

Contributory (SECONDARY) Adeno-Carcinoma of uterus (Duration) over 2 yrs. ... mos. ... ds.

(Signed) Frank E. Bateman, M.D.
29 Nov., 1918 (Address) Metcalf Hospital

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death — yrs. — mos. 9 ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, If not at place of death? —
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL: Wellfleet Cape Cod
DATE OF BURIAL: Dec 1, 1918

20 UNDERTAKER: C. R. Bennison
ADDRESS: 147 Winthrop St.

Nov. 28, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. 44 Pleasant St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Fannie Corcoran
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 44 Pleasant St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William F. Corcoran

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) East Boston
(State or country) Mass

PARENTS
10 NAME OF FATHER John H. Sullivan
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Katherine Sullivan
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Husband
(Address)

15 Filed Dec 26, 19 18
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1, 1918

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1918, to Dec. 1, 1918.
that I last saw her alive on Nov. 30, 1918.
and that death occurred, on the date stated above, at 5.45 A m.
The CAUSE OF DEATH* was as follows:
Acute Lobar Pneumonia
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Edmund F. [illegible]an M.D.
12-1, 1918 (Address) 664 Bennington St., E Boston

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Holy Cross Malden	12/3/18 19

20 UNDERTAKER	ADDRESS
John F. O'Maley	Winthrop

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

(City or town)

1 PLACE OF DEATH

Registered No. (Place of death)

County Hampden State Registered No. (Place of residence)

City or Town No. Mass State Hosp St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harrison Conolan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State City or Town Northp No. St.
(Usual place of abode)

Length of residence in city or town where death occurred 4 years 3 months 13 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Sngl

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct-10-1857

7 AGE 37 Years 1 Months 21 Days

If LESS than 1 day, ...hrs. or ....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) —
(State or country) Prince Edward Island

PARENTS

10 NAME OF FATHER John Conolan

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) Prince Edward Island

12 MAIDEN NAME OF MOTHER Melvina Jane Ritke

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) Prince Edward Island

14 Informant Records Mass State Hosp
(Address) Palmer Mass

15 Filed Dec 7, 1918 Freelon E Ball
Registrar of city or town where death occurred

Filed Jan 3, 1918 Eulalie Churchill
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1918

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1918, to Dec 1, 1918, that I last saw him alive on Dec 1, 1918, and that death occurred, on the date stated above, at 10.30 P.M.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Epilepsy

(duration) 36 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

1 2 (Signed) Samuel O Muller, M.D.

2, 1918 (Address) 7 Three Rivers Mass

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Glenwood Cemetery Everett Mass.

DATE OF BURIAL 12/5 1918

20 UNDERTAKER C.A. Rollins S. M. Phillips

ADDRESS 8 Boston Palmer Mass

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 303. 6-'18. 50,000.

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Suffolk State Registered No.
~~City or~~ Town Winthrop No. 46 Lowell Rd St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Allice Louise W
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 46 Lowell Rd St., Ward. E
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in where death occurred 17 years 4 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of W. H

6 DATE OF BIRTH Feb 19 1875
(Month) (Day) (Year)

7 AGE 43 Years 10 Months 12 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of oterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) Hartford
(State or country) Conn

PARENTS

10 NAME OF FATHER W

11 BIRTHPLACE OF FATHER (City) Hartford
(State or country) Conn

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (City) York
(State or country) N.Y.

14
Informant W. H. Williams
(Address) 46 Lowell Road

15
Filed Dec. 14 1918 Eulalie Churchill
(Month) (Day) (Year) Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 3 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1918, to Dec 3, 1918
that I last saw her alive on Dec 3, 1918,
and that death occurred, on the date stated above, at 10 a.m.
The CAUSE OF DEATH was as follows:

Uraemia

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY) Accidental Carbon
Sublimate Poisoning (duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laby test.

(Signed) Orville C. Johnson, M.D.

(Address) 123 Winthrop St.

Date Dec 3 1918 Winthrop
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop Mass
(Cemetery) Winthrop (City or town)

DATE OF BURIAL Dec 5 1918

20 UNDERTAKER Chas R. Bennison

ADDRESS Mass Winthrop

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued J. R. Marquis
Official position Health Officer

22 Date of issue of burial or transit permit Nov 25, 1918

Dec. 3, 1918

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
Township Winthrop or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Grimes
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 172 Rice Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 4 1918

7 AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop
(State or country) Mass.

PARENTS
10 NAME OF FATHER Michael
11 BIRTHPLACE OF FATHER (city or town) Boston
(State or country) Mass.
12 MAIDEN NAME OF MOTHER Mary Madden
13 BIRTHPLACE OF MOTHER (city or town) Boston
(State or country) Mass.

14 Informant Mr. J. Grimes
(Address) 172 Rice Rd

15 Filed Dec. 14, 1918 Eulalie Churchill
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1918

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to Dec 4 , 1918
that I last saw him alive on Dec 4 , 1918
and that death occurred, on the date stated above, at 2 P m.
The CAUSE OF DEATH* was as follows:
Premature birth
(duration) yrs. mos. 9 hours ds.
CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Horace J. Soule, M.D.
Dec 4 1918 (Address) Winthrop Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery
DATE OF BURIAL: Dec 6 1918
20 UNDERTAKER: John F. O'Malley
ADDRESS: Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Winthrop (No 30, Bellevue Ave St.; Ward) (City or town.)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Cone
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 30 Bellevue Ave Winthrop Mass

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Wh.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word)

6 DATE OF BIRTH Dec (Month) 4 (Day), 1918 (Year)

7 AGE ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work (Father) Iron Mang.
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Winthrop Mass

PARENTS

10 NAME OF FATHER Russell Cone

11 BIRTHPLACE OF FATHER (State or country) Beverly Mass

12 MAIDEN NAME OF MOTHER Bertha Coburg

13 BIRTHPLACE OF MOTHER (State or country) Chelsea Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr Russell Cone
(Address) 30 Bellevue Ave W.

15 Filed Dec. 14, 1918. Eulalie Churchill, asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December (Month) 4 (Day), 1918 (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec 4, 1918 to Dec 4, 1918, that I last saw h. w. alive on Dec 4, 1918 and that death occurred, on the date stated above, at 9.45 p. m.

The CAUSE OF DEATH* was as follows: Immature Birth
Premature

(Duration) ... yrs. 70 hours ds.

Contributory (SECONDARY) Pneumonia

(Duration) ... yrs. ... mos. ... ds.

(Signed) Charles Lizzels, M.D.

Dec 4, 1918 (Address) Winthrop Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Woodlawn, Everett. DATE OF BURIAL Dec 6, 1918

20 UNDERTAKER Edwin G. Brown & Son ADDRESS East Boston

Dec. 4, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R. 15. 7-'17. 100,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

[1] PLACE OF DEATH Winthrop (No. 57 Ocean View St.; Ward) (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Cyrus Jefferson Belcher

[If married or divorced woman or widow give maiden name, also name of husband.]

[a] RESIDENCE 57 Ocean View St

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Married

[6] DATE OF BIRTH: Jan 6, 1837 (Month) (Day) (Year)

[7] AGE: 80 yrs. 11 mos. 1 ds. If LESS than 1 day, hrs. or min.?

[8] OCCUPATION

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

[9] BIRTHPLACE (State or country): Chelsea (North)

PARENTS

[10] NAME OF FATHER: Saml Belcher

[11] BIRTHPLACE OF FATHER (State or country): Chelsea (North)

[12] MAIDEN NAME OF MOTHER: Mary Whiting

[13] BIRTHPLACE OF MOTHER (State or country): Whiting Me

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A W Bennett

(Address) Winthrop Mass

[15] Filed Dec. 14 1918 Eulalie Churchill Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Dec 7 (Month) (Day), 1918 (Year)

[17] I HEREBY CERTIFY that I attended deceased from ....., 191..., to Dec 8, 191..., that I last saw him alive on Dec 6th, 1918, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Hypertrophy + dilatation of heart

(?) (Duration) ...yrs. ...mos. ...ds.

Contributory (SECONDARY) See above

(Duration) ...yrs. ...mos. ...ds.

(Signed) Horace J Lowe, M.D.

Dec 7th, 1918 (Address) Winthrop, Mass

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Winthrop Cemetery

DATE OF BURIAL: 12/9, 1918

[20] UNDERTAKER: A W Bennett

ADDRESS: Winthrop

Dec. 7, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME MYRA CROCKETT

Registered No. 16146

Place of Death Boston ST.ELIZABETHS HOSPT.

Date of Death DEC.9 1918, Age 54 years months days.

STATISTICAL DETAILS.

SEX.	COLOR	SINGLE, MARRIED, WID., DIV.
F	W	S

Maiden Name

Husband's Name

Birthplace CANAAN.N.H.

Name of Father SELDON L.CROCKETT

Birthplace of Father MEREDITH.N.H.

Maiden Name of Mother LUCY L.STAPLES

Birthplace of Mother TAMWORTH.N.H.

Occupation AT HOME

Informant

Place of Burial or removal WILMINGTON

Undertaker W.H.THOMAS

Date of Burial

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) CEREBRAL HEMORRHAGE-19 DYS

Contributory: (Duration) MYOCARDITIS-ENDOCARDITIS

(Signed) J.J.WARD M.D.

DEC.9TH 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(77 PLUMMER AVE)

Filed DEC-14 1918.

A true copy. Attest: E W M Glennon

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON MASS.

Dec 9, 1918

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME EDWIN J.EVANS

Registered No. 16396

Place of Death Boston 52 FULTON ST.

Date of Death DEC.16 1918, Age 62 years 3 months 13 days.

STATISTICAL DETAILS.

SEX.	COLOR	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace -----N.F.

Name of Father JOHN EVANS

Birthplace of Father ENGLAND

Maiden Name of Mother MAGDALENE POOL

Birthplace of Mother ENGLAND

Occupation SHIPPER

Informant

Place of Burial or removal WINTHROP(WINTHROP CEM)

Undertaker C.R.BENNISON WINTHROP

Date of Burial

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) } COMPOUND FRACT.(CRUSH)OF SKULL CAUSED BY AN ACCIDENTAL FALL INTO AN ELEVATOR WELL

Contributory: (Duration) }

(Signed) G.B.MAGRATH MED-EX- M.D.

DEC.17 1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WINTHROP(44 LOCUST ST)

Filed DEC.20 1918.

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON MASS.

Dec. 16, 1918

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township or Village? or
City Winthrop No. 410 Shirley St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William N. Flanagan
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 410 Shirley St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 63 years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word): Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) — — 1855

7 AGE: Years 63 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) E. Boston
(State or country) Mass

PARENTS
10 NAME OF FATHER John Flanagan
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Elizabeth Fossett
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs. John Flanagan
(Address) 410 Shirley St

15 Filed Dec 26, 1918
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-21-1918

17 I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1918, to Dec. 21, 1918, that I last saw him alive on Dec. 19, 1918, and that death occurred, on the date stated above, at 6.0 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Carcinoma

(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No. Date of —
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) William J. Parks, M.D.
12/21 1918 (Address) Winthrop, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Cem. — DATE OF BURIAL: 12-24-1918

20 UNDERTAKER: N. C. Skaggs — ADDRESS: Winthrop

Dec 21, 1918

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township Winthrop or Village or
City No. James Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary L. Kempton
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 13 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871-3-10

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	9	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Newport
(State or country) N.H.

PARENTS
10 NAME OF FATHER Elisha M. Kempton
11 BIRTHPLACE OF FATHER (city or town) Claremont
(State or country) N.H.
12 MAIDEN NAME OF MOTHER Louisa E. Alden
13 BIRTHPLACE OF MOTHER (city or town) Elstead
(State or country) N.H.

14 Informant Elisha M. Kempton
(Address) Newport N.H.

15 Filed Dec 26, 1918
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1918

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1918, to Dec 23, 1918
that I last saw her alive on Dec 23, 1918.
and that death occurred, on the date stated above, at 7:15 p.m.
The CAUSE OF DEATH* was as follows:
Double Lobar Pneumonia
(5)
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Orville E. Johnson, M.D.
12/26 1918 (Address) Winthrop Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Newport N.H.
DATE OF BURIAL: 12-26-1918

20 UNDERTAKER: W. C. Skaggs
ADDRESS: Winthrop

N. B. WRITE PLAINLY WITH INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dec 23, 1918

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Metcalf Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Angelina Matilda Ferguson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 107 Bowdoin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years . months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mall
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of widow of

6 DATE OF BIRTH (Month) (Day) 1848 (Year)

7 AGE 70 Years Months Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) Halifax N. S.
(State or country)

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (City) " "
(State or country) " "
12 MAIDEN NAME OF MOTHER " "
13 BIRTHPLACE OF MOTHER (City) " "
(State or country)

14 Informant Arthur E. Ferguson
(Address) 107 Bowdoin St.

15 Filed Dec 26, 1918
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. (Month) 23 (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 18, to Dec 23, 19 18, that I last saw h alive on Dec 23, 19 18, and that death occurred, on the date stated above, at 3 00 m.

The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. Fowlerney, M.D.
(Address) 356 Winthrop St.
Date Dec 24, 1918
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop Cemetery
(Cemetery) (City or town)

DATE OF BURIAL 12/26 1918

20 UNDERTAKER C. R. Brennan

ADDRESS Winthrop

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

22 Date of issue of burial or transit permit

S. 00,000.

MARGIN RESERVED FOR BINDING

Dec 23, 1918.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-305

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A LEGAL DOCUMENT. Should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County Mid. State Mass. Registered No. Registered No. 2608

City or Town Cambridge (Place of death) No. Camb. Hospital St., Ward (Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick H. Greenwood

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 453 Shirley St., ~~Ward.~~ Winthrop

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Naomi

6 DATE OF BIRTH: 1832——— (Month) (Day) (Year)

7 AGE: Years 86 Months 8 Days 11

If STILLBORN, enter that fact here

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Cabinet maker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City) (State or country): Brighton, Mass.

PARENTS

10 NAME OF FATHER: James

11 BIRTHPLACE OF FATHER (City) (State or country): Brighton, Mass.

12 MAIDEN NAME OF MOTHER: Rhoda Larrabee

13 BIRTHPLACE OF MOTHER (City) (State or country): Brighton, Mass.

14 Informant: Fredk. A. Greenwood

(Address): Winthrop, Mass.

15 Filed: Dec. 31/18

Registrar of city or town where death occurred

Filed (Month) (Day) (Year): Jan 4 1919

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. 25/18 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Multiple injuries

Automobile accident

1 hour

(See reverse side for additional space)

18 Where was injury sustained if not at place of death? Mt. Auburn St. near Chas. Rv. Rd.

(Signed) William D. Swan, Med. Ex., M.D.

(Address) Cambridge

Medical Examiner for 1st Middlesex

Date Dec. 25/18 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: 12/27/18 (Month) (Day) (Year)

20 UNDERTAKER: Horace D. Litchfield

ADDRESS: Cambridge

21 Burial permit issued by

Official position

22 Date of issue

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . —*Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. **If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known otherwise a description of such person as full as may be, with **the cause and manner of his death,** and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

COPIES OF RECORDS OF DEATHS OF NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during **the previous month,** if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person).....

.....

.....

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

10,216 Winthrop (City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH: Winthrop (No. Metcalf Hospital St., Ward)

2 FULL NAME: William B. Abbott (Burton)

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE: 56 Moore Street, Winthrop

Registered No. 7125

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH: May (Month) 18 (Day) 1863 (Year)

7 AGE: 55 yrs. 7 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Woburn Mass

PARENTS

10 NAME OF FATHER: James Abbott

11 BIRTHPLACE OF FATHER (State or country): Nova Scotia

12 MAIDEN NAME OF MOTHER: Jessie McDonald

13 BIRTHPLACE OF MOTHER (State or country): Nova Scotia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): E. Lawrence Emerson
(Address): 170 Stoughton St Dor

15 Filed Jan. 2, 1919 Eulalie Churchill Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December (Month) 26 (Day), 1918 (Year)

17 I HEREBY CERTIFY that I have investigated the death of the deceased.

The CAUSE OF DEATH* was as follows:

Internal injuries with resulting General Emphysema caused by a Steam railroad accident (Fell from moving train)

Duration ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leroy Burgess Magatt, M.D.

Dec 28, 1918 (Address)

MEDICAL EXAMINER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Bridgewater Industrial Farm — DATE OF BURIAL: Dec 29, 1918

20 UNDERTAKER: Geo. L. & W. Turnbull — ADDRESS: 942 Dudley St

Dec 26, 1918

STANDARD CERTIFICATE OF DEATH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

R 16. 10-'17. 10,000.

R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH County: Suffolk State: ____ Registered No. ____

City or Town: Winthrop No. ____, ____ St., ____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Fred L. Duston
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 281 Main St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: 20 years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH: 7 (Month) 2 (Day) 1898 (Year)

7 AGE: 20 Years 5 Months 25 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of gestation ____ mos.
If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): ____
(c) Name of employer: Docks

9 BIRTHPLACE (City) (State or country): Winthrop Mass

PARENTS

10 NAME OF FATHER: Chas R. H. Duston

11 BIRTHPLACE OF FATHER (City) (State or country): Windham N.H.

12 MAIDEN NAME OF MOTHER: Somerby (Canada)

13 BIRTHPLACE OF MOTHER (City) (State or country): Ellsworth Me.

14 Informant: Chas R. H. Duston
(Address) 281 Main St

15 Filed Dec. 30, 1918 (Month) (Day) (Year) Eulalie Churchill asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. (Month) 27 (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1918, to Dec 27, 1918, that I last saw him alive on Dec. 20, 1918, and that death occurred, on the date stated above, at 12.15 p.m.

The CAUSE OF DEATH was as follows:

Bronchopneumonia

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY): influenza

(duration) ____ yrs. ____ mos. 7 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) [illegible], M.D.

(Address) 3 [illegible] St.

Date (Month) (Day) 1918 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Cem. Winthrop (Cemetery) (City or town)

DATE OF BURIAL: 12-29 1918

20 UNDERTAKER: W. C. Skuggs

ADDRESS: Winthrop

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: J. C. [illegible] Official position: Vital Officer

22 Date of issue of burial or transit permit: Dec. 29, 1918.

3. 10,000.

Dec. 27, 1918

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositar*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Statianary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Gracery;* (*a*) *Foreman*, (*b*) *Autamabile factary*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day labarer*, *Farm labarer*, *Labarer — Caal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At schaal* or *At hame*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Coak*, *Hausemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *Nane*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumania; Branchapneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whaoping caugh; Chranic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Branchopneumania* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritanitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chiidbirth, convuisions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH—1918.

CITY OF BOSTON

FULL NAME JOSEPH W.WALSH

Registered No. 17052

Place of Death Boston MASS.GEN.HOSPT.

Date of Death DEC.28 1918, Age 51 years 4 months 3 days

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV
M	W	M

Maiden Name

Husband's Name

Birthplace NEW YORK.N.Y.

Name of Father JOSEPH M.WALSH

Birthplace of Father -----N.J.

Maiden Name of Mother -----

Birthplace of Mother IRELAND

Occupation RETIRED

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness from 1918, to 1918, that to the best of my knowledge and belief death occurred, on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) } ? MESENTERIC THROMBOSIS

Contributory: (Duration) } RIGHT INGUINAL HERNIA-4 DYS

(Signed) H.W.HERSEY M.D.

1918

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON MASS.

Place of Burial or removal WINTHROP(WINTHROP CEM)

Usual Residence WINTHROP(17 CUTLER ST)

Undertaker W.C.SKAGGS

Filed JAN.2.1919 1918.

Date of Burial WINTHROP

A true copy. Attest: E.W.McGlenen

Registrar.

Filed March 27, 1919

MARGIN RESERVED FOR BINDING

Joseph W. Walsh
Dec. 28, 1918

State of Rhode Island.

CHAPTER 121, GENERAL LAWS 1909.

OF THE REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES.

SEC. 20. The clerk or registrar of each town and city shall on the first day of each and every month make a certified copy of all births, marriages and deaths recorded in the books of said town or city during the previous month, whenever the parents of the child born, or the bride or the groom, or the deceased person, were resident in any other town or city in this State or in any other state at the time of said birth, marriage or death; and shall transmit such certified copies to the clerk or registrar of the town, city or state in which such parents of the child born, the bride or the groom, or the deceased, were resident at the time of said birth, marriage or death, stating in case of a birth, the name of the street and number of the house, if any, where such parents resided, the place of birth of such parents and the maiden name of the mother, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording births, marriages and deaths. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the state board of health.

COPY OF THE RECORD OF A

DEATH.

recorded in the books of the City *of* Providence
(Town or City.)

during the month of December 19 18.

1. Date of Death Dec 29, 19 18
2. Name in FULL
Myra Fidelia Waitt
3. Date of Birth Aug 28 1858 Age 60 yrs. 4 mos. 1 dys
4. Place of Death City or Town Providence
5. St. or Road & No. 155 Medway St
6. Usual Residence Winthrop Mass
7. Sex Female Color White
9. Single, Married, Widowed or Divorced Widow
10. Name of Husband or Wife Willis H Waitt
11. Occupation of decedent None
12. Place of Birth Crown Point N Y
13. Father's Name Ruben H Cobb
14. Mother's Name Nancy M Allen
15. Parents' Birthplace Fa. N H Mo. Fort Ann N Y
16. Where to be Buried Taunton Mass
17. Cause of Death Arterio Sclerosis Cerebral Hemorrhage

Name of Physician S Newell Smith

Name of Informant Edwin D Nerney, Son-in-law

Name of Undertaker Charles E Barber & Co

I certify that the foregoing is a true copy.

Attest, City Registrar ~~Clerk.~~
(Town or City.)

JAN 16 1919
19

260
Myra Fidelia Waitt
Dec. 29, 1918

The Commonwealth of Massachusetts

Cambridge
(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Mid. State Mass. Registered No. 2655
Township ..... or Village ..... or
City Cambridge No. ....., Charlesgate Hosp. St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clarence A. Horton

(a) Residence. No. 71 Buchanan St., ~~Ward~~ Winthrop
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena E.

6 DATE OF BIRTH (month, day, and year) -------

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	7	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) Boston, Mass.
(State or country)

PARENTS
10 NAME OF FATHER William
11 BIRTHPLACE OF FATHER (city or town) Vermont
(State or country)
12 MAIDEN NAME OF MOTHER Sarah Fisher
13 BIRTHPLACE OF MOTHER (city or town) New Hampshire
(State or country)

14 Informant ----
(Address)

15 Filed Jan. 2/19, 19 .....
REGISTRAR

Filed Jan 4, 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30/18

17 I HEREBY CERTIFY, That I attended deceased from
Dec. 14/18, 19....., to Dec. 30/18, 19.....
that I last saw h..... alive on Dec. 30/18, 19.....
and that death occurred, on the date stated above, at ---- m.
The CAUSE OF DEATH* was as follows:
Exhaustion following bed sores from cross paralysis of spine due to tumor.
2- 3 mos.
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY .....
(SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Albert H. Tuttle, M.D.
, 19 — ~~(Address)~~ Charlesgate Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Winthrop, Mass.	Jan. 2/19 19

20 UNDERTAKER	ADDRESS
C. R. Bennison,	Winthrop

N. B.—WRITE PLAINLY WITH INKING INK. THIS IS A PERMANENT RECORD. Funeral director should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dec 30, 1917

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 20,000.